Louisiana

2026
Annual Progress and Service Report (APSR)

SECTION 1: INTRODUCTION, VISION & COLLABORATION-

INTRODUCTION TO DEPARTMENT OF CHILDREN AND FAMILY SERVICES (DCFS): The DCFS is the state agency designated in Louisiana to administer and supervise the administration of child welfare services delivered under Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B subpart 1), Promoting Safe and Stable Families (Title IV-B subpart 2), and Title IV-E of the Social Security Act. In addition, the department is designated to administer the Chafee Foster Care Independence Program, Education and Training Voucher program and the Child Abuse Prevention and Treatment Act Grant (P.L. 104-235).

ADMINISTRATION OF PROGRAMS: The DCFS provides comprehensive social services and child welfare programs including intake, protective services, family services, foster care, adoption, guardianship subsidy and extended foster care. Services are administered statewide within a centralized organizational framework with 9 regional offices and 42 parish offices. Services are available in all 64 parishes.

The Division of Child Welfare within the Department of Children and Family Services has many guiding principles that influence the way Louisiana citizens are served. Provided below are the mission, vision and values statements guiding the agency. The six Principles of Child Welfare Practice most directly influence the daily actions of Child Welfare staff. The prioritization of work efforts within the Child Welfare programs and management of staff activities is guided by the four Child Welfare Priorities. Additionally, both state and federal data are utilized in Child Welfare decision-making processes.

DCFS Mission Statement: The DCFS is working to keep children safe, helping individuals and families become self-sufficient, and providing safe refuge during disasters.

DCFS VISION STATEMENT: We care for the well-being and safety of Louisiana's people.

DCFS Values: Treating all people with dignity, compassion and respect, while providing services with integrity.

Principles of Child Welfare Practice: Our focus in providing child welfare services is centered on the following six principles:

- Practice focuses on the physical safety and emotional well-being of children.
- Families are strengthened to care for their children, in their homes whenever possible.
- A permanent family is vital to a child's well-being.
- Decision-making is guided by the voice of children, young adults, and their families.
- Everyone who supports children and families is treated as an important partner.
- The knowledge and well-being of our staff and partners is valued.

Child Welfare Priorities:

- A competent, stable workforce invested in carrying out the Child Welfare Principles of Practice;
- A family willing and able to meet the unique needs of any child who must be brought into foster care;
- Improved outcomes for older youth in foster care, especially regarding permanent connections; and
- Improved technology for maximum efficiency and effectiveness in practice.

The DCFS focuses on ensuring that those who are historically underserved or marginalized and those adversely affected by persistent poverty and inequality communities are engaged and represented in all work including community outreach and by providing support for workforce practice needs creating opportunities for equitable support and permanency outcomes. Support is provided in the following areas: training and development, tribal nations, federal planning, Workforce Development, CQI, engaging those with lived experience, identifying stakeholders and providers including those who work in areas of poverty, community development, cohesive development of workforce culture, and through the youth, parent, and foster parent advisory boards. Aligning with the implementation date of July 1, 2024, the manager will be included in and provide oversight of the agency's response and plans for the federal register designated requirements. This work, in practice, will be reported throughout the APSR.

LINK TO LOCATION OF THE STATE'S APSR: Louisiana's past federally approved Annual Progress and Services Reports (APSR) and Child and Family Services Plans (CFSP) are posted on the DCFS website and can be located at the following link: https://dcfs.louisiana.gov/page/reports-and-statistics

Development of the 2025-2029 Child and Family Services Plan (CFSP): Consultation with federal partners on the development of the CFSP and the upcoming statewide assessment was done via phone calls, online meetings, and e-mail correspondence. During the meetings, the DCFS provided information on how the department planned to approach long term planning. The strategy involved reviewing the systems the state has in place, the available data resources through the DCFS and stakeholders as well as the incorporation of the child welfare principles of practice.

In preparation for this five-year planning cycle, the DCFS engaged staff and various stakeholders [ex. Louisiana Court Improvement Project (CIP), young adults who have aged out of foster care, previous birth parents, and current/previous foster parents] in the development of the 2025-2029 CFSP. The Statewide Program Manager for Child Welfare Workforce Development, Practice and Community Outreach continues to be involved in discussions involving preparation for the Statewide Assessment and ensuring that there is a diverse and inclusive group of internal and external stakeholders on the team.

Through the state level and regional level CQI processes, various stakeholders are involved in the review of data, assessment of agency strengths and areas needing improvement as well as the selection of goals, objectives and action steps. Stakeholder involvement occurs on an ongoing basis throughout the year through the CQI process, the Child Welfare Training Academy partnership between Southeast Louisiana University, the University Alliance, the Pelican Center and the CIP.

The incorporation of the work completed through CQI meetings leading up to the CFSP process, which involved many stakeholders was core to CFSP development. The stakeholders involved in the CQI process were legal and judicial partners, the CIP, CASA, tribes, frontline workers, Community-Based Child Abuse Prevention agencies, Children's Justice Act grantees, service providers, faith-based partners, community organizations, representatives of state and local agencies, youth, foster caregivers, parents and other partners. The stakeholders involved represent a multitude of diverse backgrounds and assist in incorporating various perspectives into the development of the CFSP. The ongoing collaboration with these entities to report annually on the

CFSP process and measure change in practice will continue in planning over the next five years and in monitoring the effectiveness of overall department progress in client service delivery.

COLLABORATION: The Department of Children and Family Services (DCFS) remains committed to the involvement of stakeholders in the development and improvement of service delivery. To demonstrate this commitment, the department will continue to engage in collaborative processes, and some of the most significant stakeholders are as follows:

A.) Committees, Workgroups and Partnerships with Public Agencies/Entities: (Please refer to the Quality Assurance and Agency Responsiveness to the Community Systemic Factor sections of this plan for additional stakeholder involvement/activities.)

The Louisiana Court Improvement Program (CIP) partners collaboratively with the DCFS child welfare and legal stakeholders to improve outcomes for Louisiana's children and families. Louisiana has a decentralized court system consisting of independent court districts with elected judges. An enormous cooperative effort among local courts, juvenile courts, and state and parish agencies is required to effectively comply with state and federal mandates. Through various work efforts and processes, the CIP, the DCFS, and other child welfare and legal stakeholders are working toward the following:

- Providing Quality Trainings: This is accomplished through the promotion of best practice and collaboration among stakeholders serving children and families through the implementation of the Pelican State Center for Children and Families. For additional information on the Pelican Center, please refer to the training portion of this plan. Together with the CIP, Pelican Center, CASA, the DCFS, and the state universities alliance, a multi-disciplinary training academy has been developed to provide numerous multidisciplinary trainings and resources. Interdisciplinary education and training through the annual "*Together We Can*" Conference continues as does other multi-disciplinary and joint trainings. These collaborations allow for data exchange, identification of challenges, and recognition of promising practices and strategies for improvement statewide.
- Ensuring High Quality Court Hearings and Representation in CINC Cases: This is accomplished through numerous multidisciplinary workgroups focused on improving CINC court hearings and legal representation in CINC cases involving significant data collection, sharing, and analyzing, strategy development and implementation, and resource creation and provision.
- Improving the Quality of Safety Decision-Making**:** The CIP and the DCFS partner to ensure all relevant stakeholders are introduced to and trained in the state's Child Welfare Safety and Decision Making Model (CWADM). There is special emphasis on collaboration between the DCFS and the courts to ensure concerted efforts are made to assess and manage the risk and safety concerns bringing a child to the attention of the DCFS.

CIP Update FFY 2025: Some of the notable activities accomplished through the collaboration between the DCFS and the CIP include:

Committees/Workgroups: The CIP has created, and is involved in, multiple committees, subcommittees, and workgroups. The CIP CARE Advisory Committee met quarterly to ensure the timely implementation of CFSP deliverables that CIP was responsible for implementing as well as the CIP Strategic Plan. The Continuous Quality Improvement (CQI) CIP Subcommittee met

quarterly to analyze relevant qualitative and quantitative data to track the success of the CFSP and CIP strategies and propose interventions to the CIP CARE Advisory Committee and other child welfare and legal stakeholders. The CIP also presented data and identified needs, issues, and proposed solutions to the Louisiana Child Representation Protection Commission. Per Louisiana Children's Code Article 581, this Commission's purpose is to review the system of representation of children and indigent parents in child protection cases and ascertain the continued effectiveness and efficiency of the system and adequacy of funding and may, at its discretion, issue such reports and recommendations as it deems necessary to ensure the programmatic efficacy and fiscal viability of the system.

Multiple CIP workgroups met consistently and include but are not limited to the: CIP Alternatives to Removal and Benchbook Workgroup, Youth Voice Workgroup, CIP Children's Code Workgroup, Foster Caregiver Rights Workgroup, Civil Legal Services Workgroup, Title IV-E Workgroup, Resolution 606 Workgroup, DCFS CQI Unit/CIP Data Workgroup, Children Without Immigration Status Workgroup, Child Contact Information and Care Setting Workgroup, Motion Practice Workgroup, Together We Can (TWC) Conference Steering Committee, Child Welfare Law Specialist (CWLS) Workgroup, CIP Training and CLARO Workgroup, CIP Strategic Plan Workgroup with the Deputy Judicial Administrator, Children and Families of LASC, CIP Implementation Workgroup, CIP Judicial Fellow Workgroup, Trial Skills Building Training Workgroup, Court Documents Workgroup, Louisiana District Attorney Association (LDAA) Strategic Planning Workgroup, CIP Data Map Workgroup, CIP Café Workgroup, Truancy Workgroup, Temporary Restraining Order/Protective Order Workgroup, Interstate Compact on the Placement of Children (ICPC) Workgroup, DCFS Policy Workgroup, Kinship Caregiver Workgroup, and other training development/implementation workgroups.

The CIP also has representation on multiple committees, subcommittees, and workgroups led by various child welfare and legal stakeholders, including but not limited to the: Pelican Center Training and Education Committee, Office of the Governor's Vulnerable Youth Subcommittee, Office of the Governor's Children's Advisory Committee, Juvenile Detention Alternative Initiative (JDAI) Workgroup, Pelican Center Disproportionality & Disparate Outcomes Committee (DDOC), Children's Rights Workgroup, DCFS Program Improvement Plan (PIP) Implementation, Child and Family Services Plan (CFSP), and Child and Family Services Review (CFSR) Workgroup, DCFS Family First Prevention Services Act (FFPSA) State Steering Committee, Louisiana State Bar Association (LSBA) Children's Law Committee, Louisiana State Law Institute Children's Code Committee, Louisiana Council of Juvenile and Family Court Judges, Children's Justice Act Task Force, DCFS Safety and Decision Making Team, Louisiana Child Welfare Training Academy (LCWTA) Steering Committee, DCFS Kinship Navigator Statewide Committee, and Substance Exposed Newborns Policy Academy Workgroup.

Safety Decision Making Project: The CIP and the DCFS continued to provide training to legal and child welfare stakeholders on the CWADM model. Trainings included the identification of safety threats, child vulnerabilities, and parental protective capacities, and assisted in reinforcing safety and risk principles and supports for timely permanence. The following trainings provided by CIP included training on CWADM: ABA/Louisiana CINC Trial Skills Building Training for Attorneys, Reasonable Efforts: Overview of the Law and Fiscal Implications Training, Safe v. Unsafe: Assessing Safety in Child Welfare Training, and Safe v. Unsafe (Part 2): Ongoing Assessment of Safety in CINC Cases Training, Children Without Immigration Status Training,

Judge Liaison Meetings, Judges Fall Conference, Judges Spring Conference. The CIP partnered with DCFS to ensure CWADM was incorporated into new DCFS policies.

Training: For an update and activities planned on **Community Partner Trainings**, please refer to the Training Plan on pages 236-244.

Child Welfare Law Specialist (CWLS) Certification: CWLS certification is a professional achievement provided by the National Association of Counsel for Children (NACC) that signifies an attorney's specialized knowledge, skill, and verified expertise in the field of child welfare law. The CIP continued to support Louisiana child welfare attorneys and the quality of legal representation by paying for their CWLS application, renewal, and recertification fees. The CIP sponsored the certification or re-certification of 26 attorneys as Child Welfare Law Specialists (CWLS), resulting in Louisiana being ranked 5th in the country for the highest number of CWLS attorneys.

Trial Skills Building Project: The CIP partnered with the ABA Center on Children and the Law to create a Trial Skills Building training for Louisiana attorneys to improve advocacy in CINC cases. Attendees learned and role played every aspect of litigation from the development of the theory of a case, rules of evidence, qualifying experts and witnesses, all in the context of a CINC case from the Continued Custody Hearing through the Termination of Parental Right Hearing. The training materials include a trial notebook with relevant jurisprudence, evidentiary tips, and other helpful hints for trial practice. Nineteen Louisiana child welfare attorneys were trained by the ABA to be trainers of this curriculum. This one-day training has been provided three times with 122 total child welfare attorneys who have attended the trainings.

Title IV-E Reimbursement Project: The CIP partnered with the DCFS, the parent representation program (Office of the Public Defender), the child representation programs (Mental Health Advocacy Services (MHAS) and Louisiana Bar Foundation (Acadiana Legal Service Corporation and Southeast Louisiana Legal Services)), and district attorney offices to continue to initiate contracts and maximize allowable Title IV-E administrative reimbursement for children who are candidates for Title IV-E foster care or who are in Title IV-E foster care and their parent(s) in foster care legal proceedings. Programs generate an estimated 3 million dollars a year towards improving the quality of legal representation in CINC cases. Louisiana's Title IV-E reimbursement legal representation model has been recognized as a best practice standard by the federal Children's Bureau for other states. Additionally, these funds have allowed several Louisiana CINC representation agencies to provide multidisciplinary representation teams to children and parents, which, in addition to the attorney, can include a social worker and/or peer advocate.

Multidisciplinary Representation Program Project: Attributes of a High-Quality Multidisciplinary Parent and Child Representation Model were previously developed for Louisiana. The CIP partnered with the Family Justice Initiative (FJI), the ABA, and Casey Family Programs to provide technical assistance to the Office of the State Public Defender Board, Louisiana Bar Foundation, and child representation programs to implement the model. This included helping parishes identify and overcome barriers to the implementation of the model while providing information about funding options and benefits of the model and sharing information about successful programs in other jurisdictions. This model allows an attorney and one or more other professionals, such as social workers, peer advocates, and paralegals, to work together to meet the needs of the clients. National research indicates that the multidisciplinary representation model decreases the number

of children entering foster care and leads to more timely permanency. National research indicates that the multidisciplinary representation model decreases the number of children entering foster care and leads to more timely permanency. As of 2024, Mental Health Advocacy Services (child representation program) had two social workers, two paralegals, and eight administrative assistant positions, and Southeast Louisiana Legal Services (SLLS) (child representation program) had one social worker, one peer advocate, and two secretary positions. As of June 30, 2024, Acadiana Legal Service Corporation (ALSC) had three social workers, two case handling paralegals, and eight administrative paralegal positions. The Office of the State Public Defender was an early adopter of the multidisciplinary representation model. One parish has had a social worker as part of the parent attorney team for over six years now. That parish team also includes a parent advocate. In addition, there are six other parent attorney multidisciplinary teams with social workers covering eight parishes. Two of the public defender offices also have a support person on the team.

My Community Cares and Civil Legal Services Project: To prevent children from entering foster care and being involved in the court system, the CIP provides strategic support to the My Community Cares (MCC) statewide initiative that has received favorable recognition from the federal Children's Bureau and Casey Family Programs as an innovative community-based and neighborhood-driven approach to building strong communities that keep families safe and together. MCC provides judicial-involved collaboration, coordination, and communication around services and resources in communities to create safe and stable homes. The CIP partnered with DCFS to expand MCC to all nine regions of the state, which includes MCC sites in the following parishes with the historically highest rates of children entering foster care: Livingston Parish, East Baton Rouge Parish, Caddo Parish, Rapides Parish, Calcasieu Parish, Orleans Parish, Ouachita Parish, Lafayette Parish, and Terrebonne Parish. Through a partnership with the Louisiana Bar Foundation, attorneys were hired to provide civil legal services to MCC clients to support the safety and well-being of families and prevent children from entering foster care. The CIP is partnering with LBF to implement the MCC civil legal services program, including hosting quarterly network meetings, creating resources, and tracking relevant data. Casey Family Programs previously recognized the Louisiana CIP through a Casey Excellence for Children Award for its investment in the implementation of MCC. *See more information about MCC under the Service Array section.*

Children's Code Project: The sizeable workgroup across the state and profession that developed the Benchbook identified numerous issues in the Louisiana Children's Code that could be revised to enhance parent and child representation in CINC cases. For example, the law does not require that parent attorneys be appointed on the issuance of an Instanter Order. A Children's Code workgroup was created to focus on these and other issues to make recommendations to the Children's Code Committee of the Louisiana State Law Institute (LSLI). In partnership with the DCFS, the workgroup proposed changes to the Children's Code as follows: to incorporate updated CWADM/safety, enhance reasonable efforts provisions, require a Continued Safety Plan Hearing if an Instanter Safety Plan Order is issued, presuming parent indigence for purposes of appointment of counsel for the Continued Custody and Continued Safety Plan Hearings, and more. These proposals ultimately became part of HB 360. The Governor, John Bel Edwards, signed HB 360, which became Act 272 and was effective on August 1, 2022. Since the 2022 legislative session, the workgroup has added two more DCFS attorneys and two district attorneys as members and continued to draft proposals to submit to the LSLI Children's Code Committee.

In 2023, the workgroup finalized a proposal for judicial findings of fact regarding notice to parties. The goal of this requirement is to enhance due process. In 2024, the workgroup submitted a proposal to the LSLI to update the legal definition of foster care. The changes modernize terminology to better reflect the role of foster parents and create more inclusion within the law. In 2025, the workgroup submitted a proposal to the LSLI to make changes to the intervention statutes. The intervention proposal defines "intervention" and consolidates the process into one article instead of repeating it throughout the Code. It clarifies that intervenors are not parties, and that custody may be awarded to a person who does not intervene. These three proposals still need to be passed by the LSLI. The aim is to submit these changes as a bill during the 2026 legislative session.

The work group recommended to the Children's Code Committee that a separate Temporary Restraining Order/Protective Order (TRO/PO) workgroup be formed with the appropriate expertise. This recommendation resulted from the development of the TRO/PO section of the Benchbook when numerous problems with the relevant articles were identified. The TRO/PO Workgroup launched in 2023. The workgroup has been working on a proposal that would enable the use of protective orders to maintain children safely in their home. The workgroup is currently researching similar orders in other states to consider statutory language that is already in place.

In addition, the CIP facilitates a Children's Rights Workgroup which also grew out of the Benchbook. Focusing on children's rights and siblings' rights, the group is led by the deputy general counsel for one of the children's representation programs. The workgroup wrote an "Advice of Rights for Children," which passed the LSLI process in 2023. The Advice of Rights for Children successfully made its way through the 2024 legislative session and is now law (https://legis.la.gov/legis/Law.aspx?d=1386531).

Louisiana Elite Advocacy Force (LEAF): The CIP continued to partner with LEAF, an advocacy group comprised of former foster youth. The CIP and LEAF formed the Youth Voice Workgroup, a multidisciplinary workgroup that supports LEAF in enhancing youth voice and engagement inside and outside the courtroom. Workgroup members include a former judge, the Louisiana Child Ombudsman, a parent with lived experience, representatives from the DCFS, the child representation programs, and CASA. There have been two large projects the group has completed: a Legal Representation Survey ("survey") and Court Prep Form ("form").

The survey was disseminated in 2024 in English and Spanish to current and former foster youth to anonymously provide information about the quality of legal representation that they experienced. Summary reports were prepared showing 34 former foster youth and 60 current foster youth completed the survey. Important data was collected; for example, current foster youth indicated a lack of knowledge about the court process, procedures, and the role/purpose of legal representation. The reports made recommendations based on the data collected. For example, the report recommended training attorneys and judges to increase the level of knowledge and understanding that youth have about the impact that their court case plays on the length of stay in the child welfare system.

The form is utilized by children's attorneys to help youth express their wishes and needs to the court at CINC hearings. It was piloted by two of the Louisiana child representation programs in the northern and southern regions of the state. The children's attorneys provided feedback on the form to LEAF when the pilots were completed. After the pilot, the two child representation

programs decided to continue to utilize the form. LEAF expressed interest in having the form utilized by delinquency attorneys and the Pelican Center facilitated LEAF's appearance at a Louisiana State Bar Association Children's Law Committee Crossover Youth Workgroup meeting to discuss the form.

The Youth Voice Workgroup has been discussing the implementation of the Advice of Rights for Children (see Children's Code Project section above). The Workgroup collaborated with NACC to add Louisiana statutes and resources to the Your Case, Your Rights website (https://naccchildlaw.org/your-case-your-rights/).

Child Contact Information: The CIP partnered with the DCFS to update DCFS policy and forms requiring the DCFS to provide contact information for a child placed in foster care to the appropriate child representation program before the Continued Custody Hearing. A process to notify the child representation program, all parties, and the court of any subsequent care setting changes was also created. Ensuring children's attorneys can contact their clients before the Continued Custody Hearing and throughout the case is critical. The CIP and the DCFS staff have continued to meet to assess the implementation of the policy.

Motion Practice Project: The CIP created a workgroup of attorneys (including a former judge, agency attorney, assistant district attorney, parent attorney, and children's attorney) who created a Motion Practice Toolkit (https://pelicancenter.org/motion-practice-toolkit.html). The goal of this resource is to enhance existing motion practice and encourage new motion practice in CINC cases. The Toolkit was published in August 2024 and contains:

- Motion Overview;
- List of Possible CINC Motions;
- Motion Cards for Common Motions; and
- Editable Motion and Order Templates for Common Motions.

Guardianship: The CIP partnered with the DCFS and numerous child welfare and legal stakeholders to create a guide to educate judges and legal and child welfare stakeholders on guardianship as a permanent plan, including appropriate and funding options (i.e., foster care certification to receive subsidy, Guardianship Assistance Program). The CIP hosted a training on the toolkit that is now available on demand on CLARO.

Policy Academy: The CIP partnered with the DCFS, the Louisiana Department of Health, and many other stakeholders to create policies and processes to support and improve outcomes for infants, children, parents, and caregivers affected by prenatal substance exposure.

CIP Data Map: The CIP is in the final revisions of the CIP Data Map which will guide CIP CQI processes and strategic plans and CIP data collection and reporting. The CIP Data Map includes indicators for Quality CINC Court Hearings and Quality CINC Legal Representation, data definitions, unit of measurements, and measurement strategies. The goal is that the CIP Data Map will complement DCFS data and CFSR data to ensure compatible data assessment.

Children Without Immigration Status: The CIP created the "CWS" workgroup in 2023 after hearing from former foster youth, children's attorneys, and the DCFS staff about the numerous issues involved when a child in foster care does not have immigration status. The robust workgroup includes judges, immigration attorneys, all four CINC attorney types (children's attorneys,

parents' attorneys, DCFS attorneys, and district attorneys), DCFS staff from various units (investigations, family services, foster care, adoption, extended foster care, human trafficking, and home development), CASA, and the Louisiana Department of Health. The workgroup wrote a purpose statement as follows: "The workgroup identifies the following areas of need, research, and development with regard to children without immigration status: educate child welfare and legal stakeholders on immigration law and practice; collaborate and share best practices for working with children without immigration status; and develop materials to support and equip child welfare practitioners, including a guide about relevant immigration laws and policies." The workgroup determined that a "Children Without Immigration Status: Questions and Answers for Child Welfare Stakeholders" guide was needed, and the drafting is underway. The Guide is nearing completion, and the aim is to finalize it by August 2025. As part of the Guide, the following have been developed:

- A Special Immigrant Juvenile Status (SIJS) Motion Card;
- Sample and editable Special Immigrant Juvenile Status (SIJS) orders;
- Pathways to Legal Status Comparison Chart; and
- A checklist for DCFS staff.

In addition, this workgroup will be filming a mock Special Immigrant Juvenile Status (SIJS) hearing with a judge and a DCFS attorney.

CIP Support Specialists: The CIP Judicial Fellow continues to provide technical support and training to our state judges, attorneys, and DCFS partners. The CIP Peer and Equity Specialist, who is a parent with lived experience in the child welfare system, supports the implementation of the CIP Strategic Plan and its mission to lift up the voices of persons who have experience in the system and promote an equitable child welfare system. The CIP contracts with Louisiana Court Appointed Special Advocates (CASA) to provide technical assistance and support to local CASA programs in developing strategic growth plans to advance the goal of a CASA volunteer for every child in a CINC proceeding in court. Additionally, the Pelican Center staff remains available to provide technical support and specialized training to child welfare and legal stakeholders and judges regarding CINC matters.

Kinship Caregiver Workgroup: This Workgroup updated the Kinship Navigator Guide (https://www.dcfs.louisiana.gov/assets/docs/searchable/Child%20Welfare/FosterCare/Kinship_Caregivers/Louisiana_Kinship_Navigator_Guide.pdf). The Kinship Navigator Guide provides legal fact sheets and is intended to educate kinship caregivers, professionals, advocates and the general public. When CIP met with the workgroup initially, it was decided that what would be most helpful would be a lay-person-friendly document with common questions asked by those caring for children. The workgroup wrote a "Kinship Care Informational Brochure" over the last several months. We are now in the process of soliciting feedback from other stakeholders and those with lived experience. The group hopes to finalize the brochure this summer. Plans are in the works for the group to tackle updates to the Guide in the future.

Interstate Compact on the Placement of Children (ICPC) Project, Border Agreements: The sizeable workgroup across the state and profession that developed the Benchbook recognized issues with the ICPC. The Children's Code workgroup discussed this and identified a need for ICPC Border Agreements. The Pelican Center collaborated with the DCFS attorneys and staff to first determine whether there were any border agreements that were in place, which there were not. The group

then met and drafted the first border agreement with Mississippi. The agreement with Mississippi was signed in February 2025 and went into effect on April 1, 2025. Policy is currently under review. The DCFS reached out to Arkansas and Texas, but they did not wish to enter an agreement at that time.

DCFS Policy Workgroup: The CIP partnered with the DCFS to update DCFS policies to ensure alignment with state and federal law, local court rules, and CWADM.

CIP Planned Activities FFY 2026:

- Continue to advocate for updates to DCFS policies to ensure alignment with state and federal law, local court rules, and CWADM
- Continue to partner with the DCFS to host training courses listed in the training plan: Training for Community Partners
- Assess and improve the utilization of Temporary Restraining Orders and Protective Orders to prevent removals, including in domestic violence cases
- Update the Kinship Caregiver Guide, Foster Caregiver Legal Guide, and Guardianship Guide
- Continue to support CWLS certification of attorneys involved in child welfare cases
- Continue to increase partnership with the DCFS to maximize allowable Title IV-E administrative reimbursement for children who are candidates for Title IV-E foster care or who are in Title IV-E foster care and their parent(s) in foster care legal proceedings
- Expand the MCC Civil Legal Services projects including referrals, funding, and attorneys
- Continue to support legal representation programs in their expansion of multidisciplinary representation teams in CINC cases
- Continue to partner with LEAF to enhance youth voice and engagement inside and outside the courtroom
- Ensure the successful implementation of the child contact information project including use of the new forms and policies
- Complete the CIP Data Map
- Complete the Children Without Immigration Status Guide and template documents
- Ensure the successful implementation of the ICPC border agreement with Mississippi and work toward executing agreements with other states

Louisiana Department of Education (LDOE) and the DCFS collaborate as follows: The Fostering Connections Act (P.L. 110-351), the McKinney-Vento Act (42 U.S.C. § 11431 et seq.), and the Every Student Succeeds Act (20 U.S.C. § 6301 et seq.) emphasize educational stability for vulnerable populations. These laws mandate coordination between child welfare agencies and Local Education Agencies (LEA) (such as school districts) to prevent learning disruptions and promote school success for children in foster care.

Every Student Succeeds Act (ESSA): The Louisiana Department of Education (LDOE) and the DCFS have built a strong partnership through implementation activities around the Every Student Succeeds Act (ESSA). LDOE and the DCFS State Office Staff have been involved in supporting the implementation of ESSA and ensuring compliance with state laws. LDOE and the DCFS have designated educational points of contact in each school district and parish office for improved communication within the local education authorities. These points of contact will continue to work to address issues specific to the individual school systems and children with whom they

work. LDOE and the DCFS points of contact will meet biannually to maintain their working relationships and address general issues regarding compliance with state and federal laws.

Improving educational outcomes for children in foster care: Educational stability for children and youth is a crucial aspect, especially for those experiencing transitions due to foster care or homelessness. Key principles of educational stability include: (1) preserving school continuity when a child enters foster care or experiences a home placement change; (2) ensuring efforts are made to keep children in their current school unless it is not in their best interest, and (3) avoiding frequent school changes which can negatively impact a child's academic progress and well-being. The DCFS continues to educate field staff regarding the importance of educational stability once a child enters foster care. The DCFS implemented the new AFCARS data elements in 2023.

Special Education Advisory Panel (SEAP): The Special Education Advisory Panel (SEAP) was established in accordance with the requirements of the Individuals with Disabilities Education Act (IDEA) 2004 SEC. 612 State Eligibility (21) and provides policy guidance with respect to special education and related services for children with disabilities in Louisiana. The DCFS Foster Care Manager remains an active participant in SEAP to support advocacy and change for children in Foster Care with special needs. Joint participation in this collaborative allows both departments greater insight into the needs of students eligible for special education services in Louisiana. SEAP has participants from other state agencies, community/advocacy organizations as well as families and past recipients of services from the state's public school special education programs.

Childcare Services for DCFS Clients: Child Welfare (CW) staff work with LDOE staff to access childcare services for DCFS clients through the Child Care Development Fund (CCDF) of the Child Care Block Grant (CCBG). The fund provides early learning services to children in the Child Protective Services (CPS), Family Services (FS), and Service to Parents (SP) programs to prevent removal; and childcare services for children in Foster Care (FC) or children of minor foster children with parents in foster care or extended foster care to promote placement stability. The partnership in provision of these services for child welfare clients will be an ongoing collaborative. The DCFS should provide early learning services to at least 33% of children served in the FC program.

Continuity of childcare services: In addition to its value to a family's financial health, continuity is of vital importance to the healthy development of young children, particularly the most vulnerable. Research has shown that children have better educational and developmental outcomes when they have continuity in their childcare arrangements. Unnecessary disruptions in services can stunt or delay socio-emotional and cognitive development because safe, stable environments allow young children the opportunity to develop the relationships and trust necessary to comfortably explore and learn from their surroundings. The DCFS has a continuity of care process to ensure childcare services are continued after case closure in all CW programs.

Success Through Attendance Recovery (STAR): This task force was developed to address the school attendance crisis in Louisiana. Chronic absence, missing ten percent of school days in an academic year, is an early predictor of negatively impacting academic success. Missed school days equal lost instructional time, which results in negative outcomes for academic achievement. The task force was developed to combat chronic absenteeism, which affects reading proficiency, student performance, socialization and graduation. This task force identified barriers in July 2022. The current focus is to address systematic approaches with standardization processes, roles, and

responsibilities; prioritize resources; identify data processes through accurate record keeping, training on implantation, and accountability with schools; and meet the needs of children with more family involvement, trauma informed schools, and additional services.

Early Childhood Care and Education Commission (ECEC): Louisiana's Early Childhood Care and Education Commission was established by the 2018 Regular Legislative Session ACT 639 and has been charged with creating a vision and framework for the future of early childhood care and education in Louisiana. This commission works closely with the Louisiana Legislature to research issues related to early childcare and education to improve outcomes for children under age five in Louisiana.

LDOE Update FFY 2025: During FFY 2025, the DCFS maintained collaboration with Louisiana Department of Education (LDOE) staff, specifically in Early Childhood Services and Foster Care. The efforts focused on optimizing access to early learning centers for DCFS families and addressing any challenges faced by foster children enrolled in public and charter schools across the state. The DCFS continued to collaborate with LDOE in conducting child abuse and neglect background checks on all Early Learning Center directors, owners, operators and employees. The DCFS continued to utilize R and U in-home providers to provide care for children in the provider's home or care for children in the child's home ideal for families in areas where early learning centers are limited or areas where waiting lists are over six months. LDOE Foster Care liaisons and the DCFS liaison continued to partner with the local school districts for annual meetings and debriefings as needed. The DCFS continued to utilize KinderConnect to track attendance and process provider payments in real time while providing quality services. The DCFS initiated a process which allows certified and non-certified foster caregivers to request reimbursement for specific early learning service fees for children in foster care. To qualify, the child must be in foster care and enrolled in a licensed Type III facility, a licensed Military childcare center, family childcare homes, or in-home care providers. Foster caregivers can request reimbursement for registration fees up to $400 per enrollment at an early learning center, with a maximum reimbursement of $1,000 per calendar year. Additionally, fees for diapers and other supplies should not exceed $20 per enrollment.

LDOE Planned Activities FFY 2026: The DCFS liaisons will continue to collaborate with LDOE staff, including Early Childhood Services and Foster Care, to enhance the support provided to early learning centers for DCFS families. The DCFS intends to collaborate with LDOE to conduct background checks for child abuse and neglect on all public and private school employees who possess supervisory or disciplinary authority over students. This initiative is in accordance with the Louisiana Child Protection Act (La. R.S. 15:587.1).

The Louisiana Department of Health (LDH) and the DCFS collaborate as follows:
Office of Citizens with Developmental Disabilities (OCDD) and Human Services Districts: LDH and the DCFS staff coordinate at the state level and with local Human Services Districts to obtain services for developmentally/intellectually challenged children and youth.

Interagency Service Coordination Council (ISCC): LCH and DHH jointly participate in the ISCC, which provides a forum for collaborative service delivery for children and youth with developmental and/or intellectual challenges. A DCFS Program Consultant remains an active participant in the State Interagency Coordination Council (SICC) to support advocacy and change

for children under the age of three receiving developmental services through the Early Steps Program.

LDH Update FFY 2025: The DCFS continued to receive reports from Medicaid regarding children who are prescribed three or more psychotropic medications. The DCFS requires that a form 98K is completed and filed in the child's record if the medication is administered for behavioral health needs. The DCFS continued to educate staff on policy and emphasize the importance of documenting the necessary information for each child.

On April 1, 2025, a comprehensive one-page summary and training session was conducted to provide staff with guidance on agency protocols for interacting with children and youth who are prescribed psychotropic medications. This resource has been uploaded to Moodle for continued reference and ensures that all staff members are well-informed about best practices concerning the management and support of individuals on these medications.

During FFY 2025, the DCFS and LDH collaborated to implement Mobile Crisis mental health services for children. The primary objective of this service is to prevent unnecessary hospitalizations and stabilize the child's living situation. This service is designed for assist children and their family setting who experience a behavioral or mental health crisis. The service provides 72 hours of crisis intervention, with the potential for an extension of up to 15 days. The primary objective of this service is to prevent unnecessary hospitalizations and stabilize the child's living situation. Currently, the program is operational in 7 out of the 9 regions across the state and is available 24/7.

LDH Planned Activities FFY 2026: The DCFS will continue its partnership with LDH to ensure that youth receive appropriate assessments, services, and medications that align with their medical needs. Additionally, the DCFS will continue to provide a report detailing the number of children in care who have the necessary 98K documentation for compliance, as well as those who do not. The DCFS will continue to collaborate with the LDH to ensure the full implementation of mobile crisis services. This includes partnering with service providers to facilitate networking opportunities with local office staff to enhance awareness of the service availability and its benefits.

The DCFS will work with DePaul Community Health Centers in the Orleans Region to explore specific treatment services for children and youth in foster care. DePaul Community Health Centers are currently working with the DCFS to assist with initial medical examinations, initial dental examinations, and other health screens to ensure timely treatment and referral for services.

The Comprehensive Addiction and Recovery Act of 2016 (CARA): As part of the State's efforts to monitor ongoing efforts and services related to substance-exposed newborns, quarterly meetings are held in each region focusing on the ongoing compliance and activities related to the POSC (Plans of Safe Care). The regional meetings include the DCFS staff and local stakeholders for each region, and address services to families and their substance-exposed newborns. State level meetings are held to address systematic issues identified in the regional level meetings. This work will continue over the next few years.

CARA/Substance Exposed Newborns 2025-2029 goals:

- Ensuring CARA quarterly meetings are occurring as scheduled and increasing community stakeholder participation in the meetings.
- Ensuring meetings are productive, meaningful and if possible, held in conjunction with already scheduled meetings such as CQI to increase the likelihood of the meetings occurring as scheduled.
- Increasing local office awareness of substance exposed newborns at each meeting and ensuring data is trickled down to all staff.
- Including a more preventive approach at meetings by becoming informed of the community deficits/family experiences that lead to substance use and hinders recovery. Once gaps are identified, the quarterly meeting can address needs.
- Invite providers to the table.
  Measured by quarterly meetings held as scheduled, community partners/providers participation in the meetings, and by identified action plans.

CARA Update FFY 2025: The DCFS began regional child welfare summits during FFY 2025. In an effort to include more stakeholders in DCFS meetings, several meetings were combined into one quarterly summit. CARA meetings are now part of the quarterly summits. The DCFS continued to invite the Family Service Consultants and community stakeholders from Office of Public Health, Law Enforcement, Early Steps, Kid-Med, hospital staff, Early Education staff, substance abuse providers, foster parents, Judges, CASA representatives, mental health professionals, school personnel, attorneys, Family Preservation specialists, Child Advocacy Centers, FINS representatives, youth and family counseling centers, Nurse Family Partnership staff, public health epidemiologists, insurance providers, Easter Seals, and other local social service organizations. The My Community Cares (MCC) parish coordinators were also added to these quarterly meetings. This expanded approach is designed to foster collaboration by incorporating a wide range of perspectives and expertise. The goal is to promote shared solutions, exchange best practices, and strengthen the network of support for substance-exposed newborns and their families. Key topics of discussion during the meeting have included:

- Preventative programs for individuals with opioid use disorders
- Barriers to delivering substance use services in local communities
- Strategies for improving access to care in underserved populations
- Monitoring efforts and services for substance-exposed newborns
- Compliance with Plans of Safe Care (POSC)
- Data sharing and confidentiality challenges among service providers
- Community outreach and education to reduce stigma around addiction
- Strengthening cross-agency collaboration and coordination
- Identifying gaps in treatment services and recovery supports

CARA concerns voiced during these meetings are documented to ensure the needs of the drug and/or alcohol affected infants and their families are addressed and include discussions of Early Steps referrals and potential barriers. Ongoing efforts remain focused on ensuring these families have access to the appropriate resources and services identified through these collaborative regional discussions.

The bi-annual statewide CARA meetings were held on July 1, 2024, and December 13, 2024. These meetings brought together a wide range of stakeholders to discuss new provider and

community-based services, shared successes, and identified ongoing barriers in the delivery of substance use services. A major focus of these meetings was ensuring equitable access to substance use services—particularly for people of color and underserved communities. Participants worked collaboratively to address region-specific needs, explored service gaps, problem-solved systemic challenges, and developed actionable next steps to expand support and resources for affected families. Key themes and concerns discussed included:

- Continued service fragmentation due to providers and agencies working in silos.
- Reluctance to share information, particularly protected health information, due to privacy concerns and lack of interagency trust.
- A strong need for a community-based preventive approach to reduce the number of substance-exposed newborns.
- Strategies to destigmatize addiction, promote treatment participation, and improve early intervention.

From October 30, 2024 – March 30, 2025, a total of seventeen CARA meetings have taken place across the state in the Alexandria, Lake Charles, Covington, Orleans, Shreveport, Thibodaux, Lafayette, Baton Rouge, and Monroe regions.

Louisiana DCFS began working with the National Resource Center for Child Welfare and Substance Use receiving In-Depth Technical Assistance (IDTA) from September 2022 through March 2025. Throughout the IDTA project, Louisiana made meaningful strides in supporting families impacted by prenatal substance use through coordinated, cross-agency collaboration.

A major achievement was the formation of a statewide collaborative that united leaders from health care, child welfare, the courts, hospitals, and community organizations. This group established a shared mission and vision, strengthening alignment across systems. A key tool in this process was the Collaborative Values Inventory (CVI)**,** which helped identify common values, highlight areas of difference, and reinforce a shared commitment to partnership and family-centered approaches.

Public awareness efforts also advanced significantly. The team created a family-friendly brochure that explained Plans of Safe Care/Family Care Plans, outlined available services, and provided guidance on accessing support without entering the child welfare system. In addition, the DCFS website was updated to include more accessible, family-centered language and clearer service navigation.

Another important milestone was the revision of the Louisiana Substance Use in Pregnancy Toolkit**,** which now includes enhanced guidance on evidence-based care, improved coordination between providers, and updated information on prenatal substance exposure.

Finally, foundational work was completed to support long-term policy and practice reform. This included identifying legal and procedural gaps, initiating efforts toward legislative changes related to prenatal neglect, and beginning development of cross-system training grounded in harm reduction and family support principles.

CARA Planned Activities FFY 2026-2029:

- Increase Access to Supportive Services for Families.

- Grow the availability of parenting programs, peer recovery coaches, and mental health supports tailored to families impacted by substance use.
- Focus on Prevention and Public Awareness by launching targeted public health campaigns to address stigma and promoting early prenatal care and substance use education.
- Develop culturally responsive, community-based prevention programs aimed at reducing prenatal substance exposure by 20% by 2029.
- Improve Data Collection and Evaluation by establishing a statewide data dashboard to monitor trends, outcomes, and service delivery for SENs and their families.
- Conduct annual evaluations of POSC implementation, family outcomes, and interagency coordination to inform continuous improvement.
- Support Workforce Development and Training in providing ongoing, trauma-informed training for child welfare staff, medical professionals, and service providers on CARA requirements, SEN care, and family engagement best practices.
- Develop a multidisciplinary learning collaborative by 2026 to share lessons learned and drive innovation.
- The Core IDTA Team will continue to meet quarterly and maintain consistent follow-up with the Leadership Team. IDTA will also provide ongoing technical assistance to the DCFS and partnering agencies, including the Office of Behavioral Health (OBH).

The Heroin, Opioid Prevention and Education Council (HOPE): Through legislation, an advisory committee to the Governor was formed to address the opioid epidemic. The DCFS serves on HOPE. The HOPE council has already completed two primary tasks, developing a statewide website to capture data related to the opioid epidemic, and a comprehensive listing of all related initiatives occurring in the state. The council submitted a report to the legislature with recommendations to improve the response including the formation of a subcommittee.

Current work includes:

- Addressing outpatient pharmacy Suboxone access and dispensing barriers
- Requiring and Supporting Treatment of Opioid Use Disorders in Emergency Departments
- Seeking Medicaid Reimbursement for Peer Navigators in Emergency Departments
- Continuing and Enhancing Support for Harm Reduction Efforts
- Expanding Access to Methadone Clinics through Extended Hours and Mobile Dosing Units
- Adoption of New American Society of Addiction Medicine (ASAM) Criteria in 2024
- Continuing Support of Telehealth/Remote Options for SUD Service Delivery
- Including Isotinazene, Brophine, Xyalazine and Kratom into Future HOPE Annual Reports

HOPE Update FFY 2025: The DCFS continued to serve on the HOPE council and contributed to its annual report to the legislature. The HOPE Council meetings were held in-person on April 11, 2024, July 11, 2024, October 10, 2024, and on January 9, 2025. The most recent HOPE report can be found on the HOPE webpage at https://ldh.la.gov/hope. The goal of the Hope Advisory Council has been to continue the work listed above and review and consider new and innovative models and treatments for opioid use disorder for possible further recommendations.

HOPE Planned Activities FFY 2026: Louisiana Department of Health is the lead agency for the HOPE Council. The DCFS will continue to serve and participate on the Council as well as provide data to support the HOPE Council goals and contribute to its annual report to the legislature.

The **Office of Juvenile Justice (OJJ) and the DCFS** collaborate as follows**:**

- **IV-E Eligibility:** The DCFS Foster Care and the Federal Programs and Grants unit work with Office of Juvenile Justice (OJJ) to ensure IV-E eligibility is determined accurately for children in the custody of the Department of Corrections. This work is ongoing.
- **Life Skills Training:** Foster Care/Transitional Living Program staff and OJJ staff work together to ensure eligible youth receive the life skills training needed to function independently as adults. The Department has worked to implement some of the recommendations from the Youth Aging out Task Force, which includes expanding Chafee Foster Care Independence Providers (CFCIP) services to operate as a one-stop transition center for the DCFS and OJJ youth.
- **Interstate Compact for Juveniles (ICJ):** The OJJ Interstate Compact on Juveniles collaborates with the DCFS to manage youth runaway situations for youth in both from Louisiana and from other states found in Louisiana.

The DCFS will continue to collaborate with OJJ Interstate Compact on Juveniles to manage youth runaway situations for youth in foster care from Louisiana and from other states found in Louisiana.

OJJ and DCFS Update FFY 2025: The DCFS maintained its partnership with the Office of Juvenile Justice (OJJ) to ensure the accurate determination of Title IV-E eligibility for children in the custody of OJJ and to provide assistance with Interstate Compact on the Placement of Children (ICPC) cases.

Additionally, the DCFS continued to offer Life Skills training programs to eligible youth in OJJ custody. Collaboration efforts also focused on managing youth during runaway incidents.

OJJ and DCFS Planned Activities FFY 2026: The DCFS will maintain its collaboration with OJJ to ensure accurate determination of IV-E eligibility for children under the care of the Department of Corrections and to provide assistance with ICPC cases. The DCFS will continue to offer Life Skills training to eligible youth. The DCFS will continue partnering with OJJ to facilitate the identification and transportation of youth back to their home state.

Federally Recognized Tribes and the DCFS collaborate as follows:

- The DCFS Foster Care and the Federal Benefits Programs work with the federally recognized tribes to assure Title IV-B and Title IV-E eligibility is determined accurately for children served in Child Welfare programs within the tribes. This work is ongoing.
- Transitioning Youth Program staff and tribal liaisons work together to assure eligible youth receive the life skills training needed to function independently as adults.

For an update and activities planned on collaboration with **Federally Recognized Tribes**, please refer to the **Consultation and Coordination between States and Tribes** on pages 203-207.

Foster Parent and the DCFS collaboration: The Quality Parenting Initiative (QPI) was completed statewide as of May 2017. Partnership Agreement Plans were developed and signed by foster parents and DCFS staff during FFY 2018 as evidence of a commitment to the QPI. Staff at all levels have QPI expectations incorporated into their annual planning and performance evaluation documents. Processes for initial client service provision such as Comfort Calls, Icebreaker Meetings, etc., have been implemented into practice to support the relationship development between birth parents and foster caregivers. In FFY 2023, the DCFS implemented the QPI Champions program, which identified foster caregivers and DCFS staff to serve as leaders in QPI implementation in each region across the state. QPI Champions meet regularly throughout the year with Youth Law Center staff to discuss strategies for improving relationships among foster caregivers, birth parents, and DCFS staff. The focus for ongoing collaborative efforts between foster parents and the DCFS staff. The focus for ongoing collaborative efforts between foster parents and the DCFS during FFYs 2025-2029 will be further developing the QPI Champions program to ensure that each region has a team of foster caregivers and the DCFS staff working to strengthen Child Welfare relationships, advocate for quality parenting, and improve outcomes for children and youth in foster care.

Foster Parent and the DCFS collaboration Update FFY 2025: Since the implementation of the QPI Champions Program in FFY 2023, the DCFS has continued the working relationship with the Youth Law Center to improve practice. The QPI Champions meet regularly, throughout the year, with Youth Law Center staff to discuss strategies for improving relationships among foster caregivers, birth parents, and the DCFS staff. The focus for FFY 2025 has been to continue supporting the ongoing collaborative efforts between foster caregivers and the DCFS by further developing the QPI Champions Program. The QPI Champions composed of foster caregivers and DCFS staff in each region, ensured the principles and practice of QPI were followed and helped to improve outcomes for children and youth in foster care.

The DCFS continued to monitor QPI through monthly engagement surveys for stakeholders statewide and shared this feedback with Area Directors, Regional Administrators, and other DCFS staff during regional data meetings. Regional Meetings were held to review this information in July 2024 and January 2025. This information was used to improve engagement skills and engrain the QPI philosophy into the organizational culture including our stakeholders. This information has also been used to guide the next steps in determining the best service provisions available for clients.

The DCFS Home Development program continued work on revising and streamline agency policy, revised the foster parent handbook, and worked closely with Crossroads to update the pre-certification training for certified caregivers with Trust-Based Relational Intervention (TBRI) Training.

The DCFS also continued its collaboration with the Foster Care Support Organization (FCSO) with a new cooperative agreement, effective October 1, 2023. The FCSO now provides one Foster Care Ambassador who oversees the Louisiana Foster Caregiver Mentor Program, a program that provides peer support for foster caregivers statewide. The Foster Care Ambassador also coordinates with community partners to develop support organizations in areas that lack foster caregiver support. With the support of the FCSO, the DCFS is developing Community Collaboratives in each region to provide support to foster caregivers and to help connect caregivers to community support within their region.

Other support to caregivers and the DCFS staff includes assistance received through a contract with the Louisiana Methodist Children's Home. LA Methodist Children's Home continued to provide the DCFS with expedited certified home studies for relative caregivers. In FFY 2025 the DCFS Recruitment and Support program, which consists of nine regional recruiters, began the implementation of a revised Foster Caregiver Advisory Board (FCAB) initially launched in 2022. The FCAB is a regional board that is part of a larger board. Under the new plan, subcommittee members and board members met quarterly and worked directly with the DCFS leadership and Foster Caregiver Recruitment and Support Consultants in their region to address issues that impact foster caregiver support and retention.

Foster Parents and the DCFS collaboration Planned Activities FFY 2026: For FFY 2026, the DCFS will continue work with the Youth Law Center to ensure the principles and practice of QPI continue to lead how the DCFS engages parents and caregivers of children in foster care. The DCFS will enter into a MOU with the Youth Law Center to continue services provided in the past. The DCFS will participate in research with the Youth Law Center to assess the level of support needed by staff to master and make QPI a part of their daily practice. This research will take place in the Lafayette Region. The Youth Law Center will continue to support Champions and assist with the training of new QPI Champions. The DCFS will also continue to monitor engagement through tracking of Comfort Calls and Ice Breaker Calls.

The DCFS will continue to collaborate with the FCSO and Foster Care Ambassador to select mentors for the Louisiana Foster Caregiver Mentor program. The LA Foster Caregiver Mentor program provides support to our current caregivers and helps to build a community of supports within each region. The DCFS Foster Caregiver Recruitment and Support Consultants will continue to work with community partners to develop Community Collaborative in each region that will meet monthly. In FFY 2026, collaborative will begin in Orleans, Lake Charles and Alexandria. The DCFS Recruitment and Support Consultants will also begin assisting regional Home Development staff and the FCSO with the ongoing FCAB Meetings. The information gained in these meetings will be used to assist with the revision of policy and practice to ensure the needs of children and their caregivers are met.

The DCFS will continue to work closely with the Louisiana Methodist Children's Home to ensure the timely completion of home studies to increase the timeliness of certification of relative homes. The DCFS will also assess the need to increase the timely completion of all certified foster home by working with the Louisiana Methodist Children's Home to assist with a backlog of home studies in regions that have experienced delays in the certification of homes due to staff shortages.

Temporary Assistance to Needy Families (TANF) collaborative: On an ongoing basis, the DCFS Child Protective Services (CPS), Prevention/Family Services (FS) and Foster Care (FC) Program staff work with the DCFS Temporary Assistance to Needy Families (TANF) unit under the Family Support Division of the DCFS to ensure access for Child Welfare clients to various financial assistance programs. An example of this collaboration would be the Louisiana Kinship Navigator Program. This program provides a service network for kinship caregivers to provide education on programs and services available to meet the needs of the children in their care, locate services to meet their own needs and promote effective partnerships among public and private agencies to ensure kinship caregiver families are served.

TANF Update FFY 2025: The DCFS Child Welfare staff continued its collaborative efforts with TANF staff to ensure that clients within the Child Welfare system have ongoing access to essential food and financial assistance programs administered by TANF. This collaboration enabled non-certified relative caregivers of children in foster care to benefit from the Kinship Care Subsidy Program while preventing duplicate payments to relatives through both the kinship care and foster care board payment systems.

TANF Planned Activities FFY 2026: The Child Welfare staff will continue to collaborate closely with TANF staff to enhance financial support for families. Staff will continue to refer families to the Economic Stability program for assessment of TANF benefits, including food and cash assistance. Additionally, non-certified relative caregivers will be encouraged to apply for kinship benefits while they are in the process of becoming certified caregivers.

Citizen Review Panels (CRP): For additional information on **CRPs**, please refer to the CAPTA portion of this plan.

Federal Partners: The DCFS collaborates with **ACF Region VI** on the compilation and submission of various reports, documents, and receives ongoing support from the regional office on matters of practice and policy as well as support from the Capacity Building Center for States.

Federal Partners and DCFS Update FFY 2025: The DCFS has continued a strong working relationship with our federal partners and the Children's Bureau. The collaboration with our federal partners has been successful in seeking joint solutions for Louisiana and the specific concerns within Louisiana child welfare. ACF Region VI has been available to Louisiana DCFS to answer any questions when there are new instructions and/or when applying practice changes within Louisiana child welfare. Louisiana DCFS completed all required reports timely to ACF Region VI. On-site visits with our federal partners were conducted on January 24, 2024, February 5-9, 2024, and on August 26-27, 2024. The support from CBCS ended on September 30, 2024.

Federal Partners and DCFS Planned Activities FFY 2026: The DCFS will continue collaboration with federal partners.

B.) Private Not for Profit Organizations: Louisiana is engaged in ongoing collaboration with:
The **Casey Family Programs (CFP)**: The following are strategies which will be ongoing efforts for collaborative work during 2025-2029:

- Judicial engagement to increase safe reduction and expedite permanency;
- Policy reform and well-being;
- Safety and Risk model;
- Services to help birth families remediate safety issues to facilitate reunification; and,
- Strengthen system capacity to support timely permanency.

CFP Update FFY 2025: Casey Family Programs extended their contract with the Louisiana Public Health Institute (LPHI) for the evaluation component of the My Community Cares (MCC) initiative. Despite the current pause on activities, funding for LPHI will continue. Casey Family Programs continues to support the five attorneys working with MCC clients.

CFP Planned Activities FFY 2026: Casey Family Programs plans to continue collaboration with the Department of Children and Family Services in future endeavors.

Crossroads (New Orleans, LA) is a faith-based organization developing plans for outreach in the New Orleans area in relation to supporting current caregivers of children in foster care as well as exploring other opportunities to be a community resource for families involved with the child welfare continuum of services. Crossroads was instrumental in the initiation, organization and dissemination of TBRI training around the state for foster caregivers, residential providers, DCFS staff, legal partners, and other stakeholders. Crossroads assists with a wide variety of recruitment, training and support efforts for foster/adoptive parents.

Crossroads (New Orleans, LA) Update FFY 2025: The DCFS continued to collaborate with Crossroads during FFY 2025 to provide pre-service training for foster caregivers. Crossroads provided data to the DCFS on all prospective foster caregivers who completed "A Journey Home" pre-service training; those who participated in TBRI training; families who have been recruited through Crossroads; and families supported by Crossroads. In CY 2024, 550 prospective foster families completed "A Journey Home" pre-service training. Crossroads provided online/in-person TBRI training to 569 DCFS staff, caregivers, and community partners in CY 2024. The DCFS continued to collaborate with Crossroads for the recruitment of families in the faith-based community and provided support to those families after certification. Crossroads recruited 50 families to become caregivers for children in foster care and provided support to 89 families that completed the pre-service training.

In FFY 2025, Crossroads worked closely with the DCFS to update the current pre-service training for foster caregivers. The training was updated to include TBRI and to ensure caregivers were provided practical information and introduced to the development of skills needed to care for children from "hard places" and those children who experienced trauma. This draft of the training was completed in March 2025 and approved by the DCFS Home Development program.

Crossroads (New Orleans, LA) Planned Activities FFY 2026: The DCFS will continue the contract with Crossroads to provide TBRI training to the community, foster parents, and DCFS staff. The continued partnership will also include foster parent recruitment within the faith-based community and provide support to families after certification. The DCFS also plans to continue to contract with Crossroads to provide "A Journey Home" pre-service training to foster parents and DCFS staff. The DCFS will work with Crossroads on the implementation of pre-service training statewide with an option of in-person and hybrid trainings to meet the changing needs of potential caregivers.

Empower 225 is a faith-based organization affiliated with Healing Place Church, a Baton Rouge local, non-denominational church. HP Serve has developed an extensive array of foster care service projects including human trafficking survivor services; transitional living services for youth aging out of foster care; a homeless shelter for youth without a place to live; and foster parent recruitment and support services. (For additional information on HP Serve, please refer to the Program Evaluation section of this plan.)

Empower 225 Update FFY 2025: During FFY 2025, Empower 225 continued its partnership with DCFS to deliver support and resources designed to meet the unique needs of youth and families. As of April 2025, a total of 180 youth have been served, with 136 youth served from

May 2024 through December 2024. The services and resources offered by Empower 225 include independent living, the Life Skills Reimagined program, career readiness, housing needs, and assisted youth in foster care placed in "special care settings" by providing clothing, snack foods, and hygiene items when requested through their Street Ministry, provided stable housing and support for homeless or at-risk male youth aged 16-21 in the Baton Rouge area through Anchor House. Additionally, Empower 225 provided Character First Leadership Academy (CFLA), Dreamville and Adult Education/Work Ready U (WRU) programs, to help youth find a career with a livable wage through job training and secondary education. These programs assist youth with achieving a high school diploma or equivalent and those who are unemployed or underemployed and require essential employment skills.

Empower 225 Planned Activities FFY 2026: The DCFS will continue its partnership with Empower 225 to provide educational support, guidance, and street-based services to homeless and at-risk youth.

Louisiana Baptist Children's Home (LBCH), a faith-based organization affiliated with the Louisiana Baptist Association continues to collaborate with the DCFS in the development of basic and specialized foster homes to meet unique care needs of children in foster care.

LBCH Update FFY 2025: The DCFS continued collaboration with the LBCH for recruitment, training, certification, retention, and supportive services to foster parents. The LBCH presented foster caregiver orientation to 87 families statewide in CY 2024. The LBCH provided on-going support for 30 DCFS certified foster families, who were providing care for 73 children in foster care, during CY 2024. Ongoing support included assistance with purchasing items to sustain the placement of children and stability of the home such as beds, pool alarms, and fire extinguishers. Other support included TBRI training and supportive counseling to preserve the placement and assist with children in the home. The LBCH continued to provide space for DCFS family visits at their campus located in Monroe, LA. The LBCH also continued to provide a foster care community in the Monroe Region for homes that have children in DCFS custody.

The LBCH held an in-person, Called to Connect Conference, on September 7, 2024, and hosted their fifth annual Foster the Connection virtual conference on May 1, 2025. Both conferences focused on strengthening relationships between Louisiana DCFS and the faith-based community to better serve children and families involved in the child welfare system throughout Louisiana. The Connect1Child (LBCH) held 56 in-person foster parent orientation meetings between July 1, 2024, and April 30, 2025, and offered monthly Foster Parent connect/support groups in Shreveport, Baton Rouge, Alexandria, and Monroe. These groups are not official training but did include information on a TBRI principle as well as practical applications.

At the end of FFY 2024, LBCH had two workers with their Connect1Child initiative, one assigned to the Monroe Region and one to the Shreveport Region. By the beginning of FFY 2025, the LBCH hired three additional workers, one for the Baton Rouge and Alexandria Regions and a second worker for the Shreveport area. The LBCH was unable to provide training sessions to birth families thus far in FFY 2025 due to the unforeseen circumstances.

LBCH Planned Activities FFY 2026: The partnership with the LBCH and the DCFS will continue in FFY 2026. The LBCH will continue to recruit foster families within the faith-based community, host monthly orientations, and assist the DCFS by completing home studies for

families. The LBCH will provide services and support for the foster care community in Monroe Region. They will also continue to host the Foster the Connection conference for the DCFS staff, DCFS foster caregivers, and community partners on an annual basis. The LBCH will continue to roll out their Associational Foster Care and Adoption Ministry model across the state to foster caregivers and plans to continue offering space for DCFS family visits at their campus in Monroe. The LBCH will also offer parenting classes to birth families in the Monroe Region. In the remainder of FFY 2025 and into FFY 2026, the LBCH plans to hire an Associate Director of Family Services to help resume and enhance the training programs for birth families currently seeking services through the DCFS.

Louisiana Foster and Adoptive Parent Association (LFAPA) provides supportive services to foster parents by supporting local associations. Training courses are also provided along with grants and scholarships to members. Additionally, the organization assists in the recruitment of new foster parents. The LFAPA also provides supportive services to foster parents experiencing an allegation of abuse or neglect through the Louisiana Advocacy Support Team (LAST).

LFAPA Update FFY 2025: During the last FFY, LFAPA has not held any meetings or trainings. However, the LFAPA Facebook page is very active and provides a way for foster parents across the state to connect, ask questions, and support one another.

LFAPA Planned Activities FFY 2026: LFAPA plans to continue their Facebook page as a way to help support and connect foster parents around the state.

The **Louisiana Heart Gallery (LHG)** and the DCFS collaborate to recruit adoptive homes for children who are freed for adoption in the state of Louisiana. The following regions have a LHG Regional Director: Alexandria, Lafayette, Shreveport, Covington, Lake Charles, and Baton Rouge/Ascension Parish. Events for children to develop a portrait and video are being held across the state. The videos and portraits will be placed on AdoptUSKids, the DCFS social media and LHG websites.

LHG Update FFY 2025: During FFY 2025, the DCFS continued its partnership with the Louisiana Heart Gallery (LHG). The Louisiana Heart Gallery showcased a collection of photographs and information highlighting youth who were available for adoption at 16 church and community events statewide. During FFY 2025, LHG organized a series of photoshoots across the state to compile updated photographs of children who are freed for adoption. The Heart Gallery and Unite Ministries hosted a Mini Photo Shoot in conjunction with the Covington Region Adoptions Unit on August 5, 2024. Additionally, photoshoots took place on February 13-14, 2025, in the Lake Charles, Thibodaux, Orleans, and Baton Rouge regions and March 2025 for the Monroe and Shreveport regions.

Monthly meetings were held to discuss events and address issues, assess contracts with photographers, and facilitate timely data sharing. The DCFS worked closely with LHG to continue its recruitment efforts for children who have been freed for adoption, In November 2024, LHG enhanced its website to improve user experience and accessibility. The updated website no longer utilizes QR codes; instead, the names and ages of children are now displayed directly beneath their photographs. LHG also developed the Child Inquiry Form, which must be completed by all prospective families to determine certification prior to the release of information about a child.

This form is readily accessible to families on the LHG website. The LHG provided gifts for 104 children during their 8th Annual Christmas Joy Project.

LHG Planned Activities FFY 2026: The DCFS will continue its collaboration with LHG. LHG will continue showcasing children on their website and will coordinate with faith-based organizations to host recruitment events at their facilities to continue to raise awareness for children awaiting adoptive placements and to recruit foster and adoptive parents. LHG will continue to provide updated photographs of children already listed, as well as new photos of children as they become eligible for adoption.

One Heart NOLA (OHN) is a faith-based, 501c3, non-profit organization serving the Greater New Orleans area. The OHN mission is to demonstrate the love of God by providing necessary resources to children and families in crisis. For more than 15 years, OHN has rallied local churches, businesses, civic groups and individuals to provide for the most vulnerable citizens in New Orleans. By developing a partnership with the Department of Children and Family Services, OHN has kept siblings together, provided basic necessities for families being reunified, offered college scholarships for youth, covered senior high school expenses and much more. The vision is for "local people to care for local kids." OHN has several projects including:

- Providing financial assistance for educational projects to keep foster children in high school and/or college with the goal of having them graduate;
- Providing financial assistance to 18–24-year-olds who have aged out of the foster care system; and,
- Providing beds for children who need them.

OHN Update FFY 2025: The DCFS continued to collaborate with OHN to serve children and families in the New Orleans area. In CY 2024, OHN created 36 Birthday Bundles for youth in foster care and young adults receiving Extended Foster Care services. OHN served over 1500 children and adults through their ALL IN NOLA event held in July of 2024. This event provided food, school supplies, household items, books, and more to foster families and at-risk children and families in the community. OHN continued to serve birth families, EFC young adults and other individuals in need through their Helping Hands Program which provides rent/utility assistance, beds, household items, and various other needs. OHN began making Hurricane Boxes, which include a small portable, battery-operated radio, canned goods, water, batteries and other items for young adults that aged out of foster care and young adults receiving EFC services. OHN also provided Christmas gifts to birth families and foster families. OHN provided a Snack Shack at several local DCFS offices where over 1,000 snacks and drinks were provided during CY 2024.

OHN Planned Activities FFY 2026: The DCFS will continue to collaborate with OHN to ensure the needs of children in foster care, youth exiting foster care, and young adults receiving extended foster care are met in the New Orleans area. The DCFS will also begin conversations with OHN to assess their ability to help in the recruitment and support of potential foster caregivers and relative/kin placements for children.

James Samaritan (JS) is a non-profit organization in the Covington Region. James Samaritan not only works with churches and volunteers in the community, but also supports foster youth and caregivers as well as young adults who have exited foster care to EFC in the following ways:

Resources: JS provides appropriate beds to support placements of children in foster care and necessities for foster parents who lack financial resources.
Recreation: JS provides sports uniforms and fees so children in foster care can participate in extracurricular activities.
Transitioning youth: JS provides youth engagement activities and mentors for youth and young adults.
Family visitation and event venue: JS opened a Family Center to create a safe environment for family visits, parties and other events.

JS Update FFY 2025: During FFY 2025, the DCFS continued its partnership with James Samaritan to support and empower children and families involved in the foster care system. James Samaritan provides both physical and relational support for children, foster families, and youth transitioning out of foster care by fostering collaborations with other organizations. James Samaritan offered a dedicated meeting space for weekly staffings, meetings, and ongoing communication with the DCFS caseworkers to address the unique needs of foster youth aged 18-21 who are preparing for adulthood. Additionally, JS hosted the location and provided refreshments for the Youth Focus Groups held in the Covington Region in October 2024. James Samaritan also continued its mentoring program, LifeNetwork, designed for teens and young adults aged 16-21 in Independent Living and Extended Foster Care.

James Samaritan will host its 5th Annual State of Our Children Breakfast on June 19, 2025. This event gathers local and state officials to address the current state of Louisiana's children.

JS Planned Activities FFY 2026: The DCFS will continue its partnership with James Samaritan providing support and resources to DCFS children and families.

AdoptUSKids: The department's national photo listing of children available for adoption is managed online at the www.AdoptUsKids.org internet site. This recruitment service features children on a national level who are awaiting adoption and are without an identified adoptive resource. This website features families who have been certified to adopt. A program manager on the state office level, who serves as the liaison between the families who have expressed an interest in a child and the child's adoption worker, monitors the website. This service is provided through a contract with the Adoption Resource Exchange Network.

AdoptUSKids Update FFY 2025: The DCFS continued its partnership with AdoptUsKids (AUK) to support child welfare systems and connect children and teens in foster care with safe, loving, and permanent families. The AUK website offers comprehensive resources, including Louisiana's foster care and adoption guidelines, licensing requirements for foster or adoptive parents, cost information, agency contact and orientation details, as well as an extensive list of post-adoption services, guardianship support services, and available support groups for Louisiana families.

During the 2025 federal fiscal year, 9 children successfully achieved adoption. There were 65 children listed on the website, with 20 having their case plan goals changed to Alternative Permanent Living Arrangements (APLA). Additionally, 13 children were removed for reasons such as guardianship, runaway status, or transfer of custody to another agency.

AdoptUSKids Planned Activities FFY 2026: The DCFS will continue its collaboration with AdoptUSKids to establish Louisiana's first Speaker's Bureau. This initiative aims to create a

platform featuring adoptive families with lived experience, knowledge, and expertise that align with the agency's mission to promote, educate, and raise awareness within the communities on the importance of adoption.

The **Louisiana Adoption Advisory Board (LAAB)** is a long-time partner with the DCFS in providing a mechanism for networking among professionals involved in various aspects of the adoption continuum.

LAAB Update FFY 2025: The DCFS continued its collaboration with the Louisiana Adoption Advisory Board (LAAB). During FFY 2025, monthly meetings were held with the Adoption Unit, which are designed to foster ongoing communication and support. Additionally, this partnership successfully hosted the Adoption Conference in May 2024.

LAAB Planned Activities FFY 2026: The DCFS will conduct staff development training through the utilization of the National Training Institute (NTI) for incoming adoption workers and supervisors. The organization is also a member of the National Adoption Association (NAA), which allows up to 16 staff members to register for relevant training sessions. The DCFS will hold monthly meetings to support ongoing professional development and collaboration among staff members.

Wendy's Wonderful Kids (WWK) of the Dave Thomas Foundation is a grant program which the department is utilizing to fund specialized recruiters in each of the nine regions of the state to find child specific placements for hard-to-place populations of children. This collaboration is described in more detail in the sections of the plan dedicated to Service Array and Foster Home Recruitment.

WWK Update FFY 2025: The DCFS continued its partnership with WWK. WWK contract ends June 30, 2025. The Dave Thomas Foundation has submitted the new three-year contract proposal, however no determination on the continued partnership has been made. The WWK Unit remains committed to achieving its annual goal of finalizing 26 adoptions, reunifications, or guardianships each state fiscal year. In SFY 2024, the unit successfully completed 20 finalizations. As of April 30, 2025, WWK successfully met their annual goal with 26 finalizations.

The WWK unit has consistently conducted monthly meetings and quarterly staffing sessions with the Adoption units across each region. Additionally, the WWK unit holds quarterly staffing and case review meetings in collaboration with the Dave Thomas Program Manager to ensure effective oversight and coordination of services.

WWK continued to monitor WWK data using the Child Trends Database, focusing on factors such as the age of the child, type of home, and recruitment efforts. This includes tracking completed adoptions and placement histories, including any disruptions, to assess the effectiveness of the state program and identify any areas of need.

WWK holds monthly support calls with field staff and adoption supervisors to address issues related to problematic cases or challenges in advancing adoptions. Additionally, quarterly meetings are held with the Adoption Units to review individual cases, evaluate progress, and discuss the efforts made by both workers and recruiters to facilitate timely transitions out of care. During these meetings, barriers to adoption are identified, along with strategies to overcome them.

WWK diligently continued its child-focused recruitment efforts by engaging with TFC providers and foster parents. These meetings were held to clarify the child's goals and solicit their support while highlighting the benefits of adoption compared to aging out of care. This effort is to establish permanent connections to prevent homelessness. WWK attended training sessions conducted to provide strategies to improve recruitment efforts.

WWK Planned Activities FFY 2026: WWK recruiters will continue to set and work toward the achievement of projected adoption goals each year. WWK will continue to collaborate with the adoptions units in an effort to strengthen their partnerships such attending adoption events to enhance engagement. WWK will intensify recruitment efforts by providing financial support for prospect relatives/fictive kin to increase participation in activities that foster interaction between the prospect and the child. These efforts can include covering expenses such as hotel accommodations and meals.

Braveheart Foundation is a Baton Rouge based organization that raises awareness of foster care by enlisting the assistance of many community organizations, church groups, businesses and individuals to develop Braveheart's plan for supporting children entering foster care. A DCFS staff serves on the Board for Braveheart and meet with the foundation monthly. Braveheart serves in the following ways:

- Children entering care: Braveheart provides backpacks to local DCFS offices statewide for children entering care. The backpacks contain comfort items and some essentials.
- Life books: Braveheart provides life books for children and youth in foster care.
- Christmas gifts: Braveheart provides Christmas gifts that are meaningful to children and youth.
- Older youth in foster care: Braveheart is working with the DCFS to develop options for supporting work with older youth preparing for independence and collecting items more specific for youth in need such as a microwave oven for a youth transitioning to college.

Braveheart Foundation Update FFY 2025: The DCFS continued to work closely with the Braveheart Foundation by having two DCFS active members of the Board of Directors. Braveheart Foundation meetings are held every other month. During FFY 2024 and thus far in FFY 2025, the DCFS attended Braveheart Foundation board meetings on 1/17/24, 3/6/24, 5/1/24, 7/10/24, 9/4/24, 11/4/24 and 2/5/25. Braveheart continues to support the DCFS through key programs which support children in foster care. From July 1, 2023 - June 30, 2024, Braveheart provided 1,008 backpacks for children under the age of 18 statewide. These backpacks were overfilled with books, a Bible, hygiene products, a comfort item, blanket and school supplies. Additionally, Braveheart provided 1,100 Life Books to children entering foster care. Braveheart always encourages the caregivers and case workers to help each child update and maintain their Life Books and to utilize them as a therapeutic tool to process their time in foster care. During the months of November and December 2024, approximately 1,926 Christmas gifts were provided to children and young adults. Of the 1,926 gifts, 125 of those gifts were given to youth who recently aged out of foster care. Braveheart was also able to provide 11 gifts to children of these young adults who were not in the foster care system. Through generous donations, Braveheart is still able to fund pilot programs for youth aging out of the foster care system by providing a $200 stipend to help prepare them for independence exiting the foster care system. From January-December 2024, Braveheart provided stipends to 50 youth in the Baton Rouge and Covington Regions. Braveheart was able to

complete one regional survey during FFY 2024 in an effort to solicit feedback about the satisfaction of current programs and recommendations for new ways to help the DCFS children and youth during FFY 2025. The DCFS continues to support the work that Braveheart does by working collaboratively with the program and attending board meetings regularly.

Braveheart Foundation Activities Planned FFY 2026: Louisiana DCFS will continue to attend Braveheart Foundation board meetings as scheduled every other month during FFY 2026. Braveheart will continue to provide life books, backpacks, and Christmas gifts for foster children. Braveheart will continue to provide support to EFC youth from the Covington and Baton Rouge regions. During FFY 2026, Braveheart is planning to conduct a career day for the DCFS youth in foster care. Braveheart Foundation also hopes to complete more surveys in other regions of the state during FFY 2025-2026 to solicit feedback about the satisfaction of current programs and recommendations for new ways to help the DCFS children and youth. Braveheart and Louisiana DCFS will continue their partnership in an effort to positively impact the children and youth of Louisiana for the remainder of FFY 2025 and into FFY 2026.

The stakeholders mentioned are only some of the core groups with whom the DCFS regularly collaborates in serving the children and families touched by the department. The DCFS also works with grantees of the Louisiana Trust fund including many Advocacy Centers, Grandparent's Raising Grandchildren, LA Adoption Advisory Board, CASA, Family Resource Centers, My Community Cares and other community programs. Throughout the plan, you will find additional information regarding other key stakeholders such as the Family Resource Centers funded through the Promoting Safe and Stable Families Grant and the Independent Living Skills providers funded through the Chafee Grant. Collaboration with these stakeholders is discussed within areas of the plan focused on those grants.

SECTION 2: ASSESSMENT OF CURRENT PERFORMANCE IN IMPROVING OUTCOMES- The department believes the following federal outcome indicators will be positively impacted by implementation of the activities planned through the 2025-2029 CFSP. The department will take the action steps outlined in the CFSP based on an analysis of the data collected/received through the Annual Progress and Services Report, Louisiana's Data Profile reports provided by the Children's Bureau, the CQI case review process, the DCFS information system reports and stakeholder input.

RELATED FEDERAL OUTCOME MEASURES:

- **Safety Outcome 1:** Children are, first and foremost, protected from abuse and neglect.
- **Safety Outcome 2:** Children are safely maintained in their homes whenever possible and appropriate.
- **Permanency Outcome 1:** Children have permanency and stability in their living situations.
- **Permanency Outcome 2:** The continuity of family relationships and connections is preserved for children.
- **Well-being Outcome 1:** Families have enhanced capacity to provide for their children's needs.
- **Well-being Outcome 2:** Children receive appropriate services to meet their educational needs.

- **Well-being Outcome 3:** Children receive adequate services to meet their physical and mental health needs.

DATA SOURCES AND DATA ANALYSIS: During the 2020-2024 timeframe, the DCFS was able to complete all action steps outlined in the PIP by the deadline of May 31, 2021, which was recognized as an expeditious timeframe for completion. The DCFS continued to pursue work that began under the PIP including efforts toward implementation of the Child Welfare Assessment and Decision Making Model, continued work in improving Workforce Development, and enhancements to Systems and Trainings to reach improvement in overall outcomes. Louisiana saw an increase in performance in most Outcome areas from the Round 3 CFSR time frame to the most recently completed Review Period (RP11); however, based on review of the most recent two review periods, item ratings have begun to decline in most areas.

Louisiana has utilized the CFSR On-Site Review Instrument in consultation with oversight from the Children's Bureau to ensure continued collection of data and information. Since the Round 3 CFSR, Louisiana has conducted case reviews, inclusive of case related interviews, to ensure comparative data collection to utilize as a means of assessing the State's performance in the 7 outcome measures and as a means of providing feedback for areas of Strength and Areas Needing Improvement on both a micro and macro level of practice. The state conducts reviews in all regions with reviewers who are based in most regions. Reviewers reviewed cases and conducted interviews across the state simultaneously based on the statewide random sample. Reviewers crossed regions as necessary to control for the randomness of the sample. On an ongoing basis, the Louisiana case reviews are not stratified by location and the sampling frame includes all geographic areas of the state and was representative of the child welfare population served with the major metropolitan area identified as New Orleans.

Since the round 3 CFSR, there has been no review period where Louisiana passed the expected rate to meet substantial conformity in any of the outcomes or associated items. These include the following outcomes: Safety Outcome 1, Safety Outcome 2, Permanency Outcome 1, Permanency Outcome 2, Well-Being Outcome 1, Well-Being Outcome 2 and Well-Being Outcome 3.

During the five years, the agency has maintained performance at or better than the national performance on all of the data indicators except Placement Stability, with Reentry to Foster Care remaining at the national performance.

The information from data profiles, combined with the decline of item 4 in the most recent Review Period (RP11) and work done through the DDOC has led to further exploration into what is leading to placement instability. The DCFS has also completed Ad Hoc reviews on Placement Stability for six quarters and will use that data to assist in root cause analysis.

Work continues to improve outcomes for children and families and to provide a more comprehensive, coordinated and effective child and family services continuum. This work will be through continued work on retention of a stable workforce, utilization of coaching and consultation to develop staff knowledge, skills, and abilities, and ongoing reinforcement of the Child Welfare Assessment and Decision Making Model throughout the life of a case to ensure safety, permanency, and well-being of children and families.

Based on a review of the data over the past five years, Louisiana identified a need to improve in the areas of Safety Outcome 1 and 2, Permanency Outcome 1, and Well-Being Outcome 1. The developed goals, strategies and activities found within the state's CFSP will address these primary outcomes but also inherently address the other outcomes and systemic factors needing improvement considering the interconnectedness of these outcome areas.

To assess the outcome and rating areas, data has been compiled on each item since the CFSR baseline time frame. All data provided below is a mean of the ratings from RP1 2019 through RP1 2024.

Safety Outcome 1: 65.9% Compliant (mean rating from last 10 review periods)

- Item 1: Louisiana's performance on the timeliness of initiating investigations of reports of child maltreatment over the past five years of data indicates that an average of 65.9% of cases reviewed were rated as a strength. The primary concerns for the remaining 34% of cases (area needing improvement rating) were contact with a victim or at least one perpetrator not occurring in a timely manner and no valid reasons for not making face-to-face contact in a timely manner. In the most recent two review periods, Louisiana has seen a substantial decline from the average of ratings that ranged between the mid-60s to 80%. The ratings dropped to 47.8% for RP2 2023 and to 30% for RP1 2024. When looking at administrative data over the past several years, there has been a slight decline in response priority. For FFY 2021, Louisiana's percent of response priority met for all priorities was 51.6%. For FFY 2022, Louisiana experienced an approximate 5% decline to 46.3% timeliness of response priority for all priorities. Based on administrative data for FFY 2023, Louisiana experienced another 5% decline in the response priority for all priorities to 41.6%. Thus far for FFY 2024 (10/1/23 to 3/31/23), Louisiana's response priority for all priorities per administrative data is 43.6% with a slight increase of 2% from last FFY. Although administrative data doesn't support the same significant decline in response priority as the CQI case reviews, which showed an approximately 40% decline over the last several years, further exploration and assessment will be conducted into the recent decline in timeliness of initiating investigations in the reviews to determine if additional work is needed in this area and possible root causes of the decline. For both Statewide Data Indicators associated with Safety Outcome 1, Louisiana performed better than the national standard. Louisiana continued to see a lower Risk Standardized Performance related to the Recurrence of Maltreatment and Maltreatment in Foster Care.

Safety Outcome 1 2025-2029 goals:

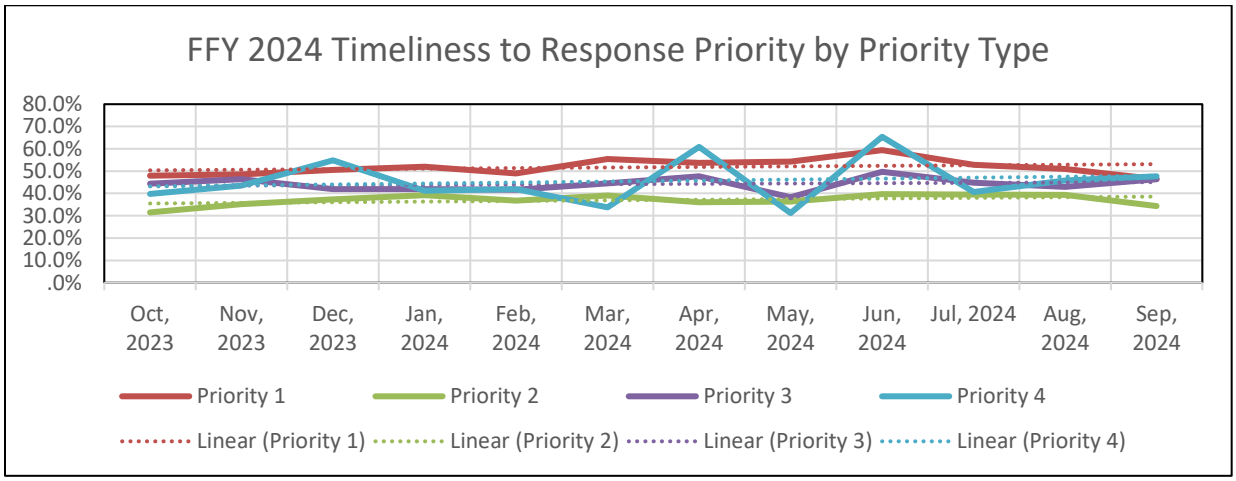
- Exploration into the possible causes for the recent decline in meeting response priority inclusive of any issues with cases getting to the queue on time, assignment of cases, and meeting face to face.
- Once possible causes are identified, further assessment and analysis to identify possible root causes.

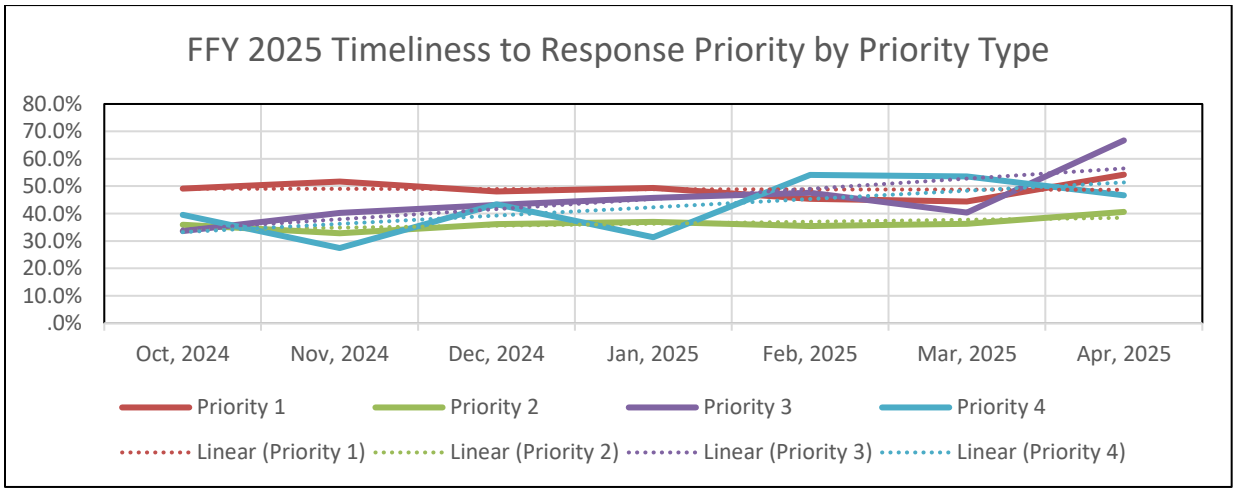
Safety Outcome 1 Update FFY 2025:

Case Review Item 1: Were the agency's responses to all accepted child maltreatment reports initiated, and face-to-face contact with the child(ren), within the timeframes established by agency policies or state statutes:

Item 1	RP2 2023 Reporting Period 10	RP1 2024 Reporting Period 11	RP2 2024	RP1 2025
Data Period	**April 1, 2023- Sept 30, 2023**	**Oct 1, 2023- March 31, 2024**	**April 1, 2024- Sept 30, 2024**	**Oct 1, 2024- March 31, 2025**
Number of Cases Rated as a Strength	11	9	12	12
Number of Total Applicable Cases	23	30	28	23
Performance (%)	47.8%	30%	42.9%	52.2%

Item 1 Progress: Based on the ongoing CQI reviews, Timeliness of Initiating Investigations of Reports of Child Maltreatment has seen an increase in the past two review periods. Previously, the ratings dropped to 47.8% for RP2 2023 to 30% for RP1 2024. More recently, there has been an improvement with an increase to 42.9% for RP2 2024 and 52.2% in RP1 2025. Trends leading to Area Needing Improvement continue to stem from either no justifiable reason for delay or worker cannot recall/not documented, zero or one attempt was made prior to response priority expiring with no evidence of concerted effort to make contact to meet response priority outside of the one attempt, and transfer of case/courtesy did not occur timely to allow for response. Louisiana's average over the last four review periods for Initiating and meeting response priority is 43.2%





Based on administrative data, the agency continues to have the lowest response priority met on Priority 2 responses which require response within 48 hours. Priority 1 cases continue to have had the highest average of response priority met. Based on administrative data for FFY 2025 thus far, Louisiana's average of response priority met for all responses is 41.9%.

Further consideration into the timeliness of cases moving from Centralized Intake to the respective parishes will continue, as well as, the type and accuracy of information gathered. The DCFS has partnered with Foster America/New Allies to further explore efficiencies within the Centralized Intake process and determine if there are pieces of the process that can be improved with exploration specifically into interrater reliability and a referral process for screened out cases.

Safety Outcome 2: 37.8% Compliant (mean rating from last 10 review periods)

- Item 2: Louisiana's performance on concerted efforts to provide safety related services to the family to prevent children's entry into foster care or re-entry after reunification indicates 45.5% of cases reviewed over the past five years received a strength rating. Although this is substantially higher than the 8.1% rating seen in CFSR Round 3, the Area Needing Improvement cases continued to be based on a lack of effort to engage parents and caregivers in safety related services, delays in providing appropriate services and services provided did not match the family's identified needs. As Louisiana continues to expand the services available through Prevention Services provided by Child First and Intercept, the agency expects to see an increase in this item rating.
- Item 3: In the past five years of data collected, Louisiana received a 38.1% rating related to assessment of risk and safety. Through implementation of the Child Welfare Assessment and Decision Making Model, Louisiana has seen an increase in the rating for this item. The height of this item rating was seen in RP1 2021 and RP2 2021 (51.4% and 52.2%) which are in line with when implementation of CWADM Phase 1 was completed. There has been a recent decline in item 3 rating over the past several review periods, with the most recent review period (RP1 2024) having a rating of 24.5%. While this is above the Round 3 CFSR baseline rating (13.9%), it is not the expected increase sought through the implementation of CWADM. Through the continued work in CWADM Phase 2, the agency expects to see an increase in this item rating to a strength rating comparable to RP1 and RP2 2021 ratings. The primary concerns leading to an Area Needing Improvement:
    - Lack of frequent or quality contact with parents;
    - Incorrect or insufficient risk and safety assessments;
    - Not including all caretakers or children in risk and safety assessments;
    - No risk and safety assessments at critical points of the case;
    - Delays in providing and follow-up on services;
    - Lack of Utilization or Insufficient safety plans.

Safety Outcome 1 2025-2029 goals:

- Reference section on Intercept and Child First Planned activities for increase in referrals etc.
- Reference section on CWADM

Safety Outcome 2 Update FFY 2025:

Case Review Item 2: Did the agency make concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after reunification?

Item 2	RP2 2023 Reporting Period 10	RP1 2024 Reporting Period 11	RP2 2024	RP1 2025
Data Period	**April 1, 2023-Sept 30, 2023**	**Oct 1, 2023-March 31, 2024**	**April 1, 2024-Sept 30, 2024**	**Oct 1, 2024-March 31, 2025**
Number of Cases Rated as a Strength	19	15	17	15
Number of Total Applicable Cases	33	39	47	32
Performance (%)	57.6%	38.5%	36.2%	46.9%

Item 2 Progress: When looking at risk and safety assessment and management, Louisiana saw a decline in the ratings in RP1 2024 to 38.5% and then a slight decrease to 36.2% for RP2 2024. In the most recent review period, Louisiana saw an increase to 46.9%. When looking at the last four review period average, Louisiana is averaging 44.8% in providing services to the family to protect children in the home and prevent removal or re-entry into foster care. Most areas of the state are seeing an increase in the use of preventive services like Child First and Intercept and monitoring of those services on impacts in outcomes will begin as implementation and roll out across the state continues.

Case Review Item 3: Did the agency make concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in foster care?

Item 3	RP2 2023 Reporting Period 10	RP1 2024 Reporting Period 11	RP2 2024	RP1 2025
Data Period	**April 1, 2023-Sept 30, 2023**	**Oct 1, 2023-March 31, 2024**	**April 1, 2024-Sept 30, 2024**	**Oct 1, 2024-March 31, 2025**
Number of Cases Rated as a Strength	16	12	21	18
Number of Total Applicable Cases	45	49	66	56
Performance (%)	35.6%	24.5%	31.8%	32.1%

Item 3 Progress: The state has seen a slight improvement in performance in making concerted efforts to assess and address the risk and safety concerns related to the child(ren) in their own homes or while in foster care over the last few review periods. Louisiana saw the lowest rating in recent years in RP1 2024 with 24.5% strength rating. For RP2 2024, there was an increase to 31.8% and again a slight increase in RP1 2025 to 32.1%. Louisiana continues to monitor the implementation of the Child Welfare Assessment and Decision Making Model through quarterly reviews. Based on the most recent CWADM reviews, CPS cases and FS cases struggle the most with gathering adequate information to inform a comprehensive assessment. In CPS cases reviewed, there have been improvements in the information gathered from collaterals and household members related to the reason for involvement. In FS cases, the area with the strongest ratings is the Transfer Staffing and ensuring the information gathered during the transfer staffing assists in building the ongoing services case. CWADM coaching continues for CPS and FS supervisors. During FFY 2026, Foster Care supervisors will begin to receive CWADM coaching.

Permanency Outcome 1: 27.6% Compliant (mean rating from last 10 review periods)

- Item 4: Placement stability – Over the past 5 years, Louisiana has overall performed well in item 4 in regard to Placement Stability. The item received the second highest of Louisiana's

ratings with an average of 82.2% strength ratings. In the most recent review period, Louisiana experienced a substantial drop in placement stability with a 65.5% rating. Ongoing assessment and analysis is underway as this item is connected to the only Data Indicator where Louisiana has performed below the National Standard for several years (Placement Stability). The information from data profiles, combined with the decline of item 4 in the most recent Review Period (RP11) and work done through the DDOC has led to further exploration into what is leading to placement instability. The Statewide Program Manager for Child Welfare Workforce Development, Practice and Community Outreach will also continue to work with the CQI unit and CIP on placement stability of African American youth. The DCFS has also completed Ad Hoc reviews on Placement Stability for six quarters and will use that data to assist in root cause analysis. Preliminary results of multiple review periods in 2023 indicate that the agency is utilizing placements of convenience often where a child is placed in a home based on availability and not based on placements that are willing to keep the child long term.

- Item 5: Permanency Goal – Louisiana averaged a 70.1% rating in its efforts to establish appropriate permanency goals for children in a timely manner. Based on exploration of item 5, some noted areas of decline between the last two review periods include a comparable decline when looking at both the timeliness and appropriateness of goals with approximately a 12-14% decline in each of those areas from RP10 to RP11. There was a significant decline in the filing of the Termination of Parental Rights Petition where we saw a 91.7% rating in RP10 but declined to 66.7% in RP11.
- Item 6: Timely Achievement of Permanency Goal – The average of ratings for timely achievement of Permanency goals was 37.4%. The remaining 62.6% received an Area Needing Improvement rating based on trends including untimely filing of Termination of Parental Rights, failure to provide services to children and parents, lack of efforts to work with fathers and delays in referring relatives for certification. The DCFS continues to partner with the CIP in discussions about the root cause of some of the delays to achieving case plan goals. There is exploration and work being conducted to produce a timeline for judges to assist them in understanding the reasons for the timeframes and staying on target with those timeframes for Child in Need of Care cases as continuances have been cited as a large reason for delays in achievement of permanency. The plan is to have the timeline completed to provide to judges at the Annual Judges Conference in June 2024.

Permanency Outcome 1 2025-2029 goals:

- Continuation of current quarterly Placement Stability Reviews through FFY 2025.
- Provide feedback from reviews to regional and state office leadership bi-annually.
- In FFY 2025, create a workgroup and utilize data from reviews to explore root causes of Placement Instability incorporating stakeholders from CIP and those with lived experience.
- See CIP section for details of work related to items 5 and 6.

<u>Permanency Outcome 1 Update FFY 2025:</u>

Case Review Item 4: Is the child in foster care in a stable placement and were any changes in the child's placement in the best interest of the child consistent with achieving the child's permanency goal(s)?

Item 4	RP2 2023 Reporting Period 10	RP1 2024 Reporting Period 11	RP2 2024	RP1 2025
Data Period	**April 1, 2023-Sept 30, 2023**	**Oct 1, 2023-March 31, 2024**	**April 1, 2024-Sept 30, 2024**	**Oct 1, 2024-March 31, 2025**
Number of Cases Rated as a Strength	27	19	29	28
Number of Total Applicable Cases	30	29	40	35
Performance (%)	90%	65.5%	72.5%	80%

Item 4 Progress: When assessing the stability of placement of children in Louisiana, the state saw a decline to the lowest strength rating of 65.5% in RP1 2024. Since that time, Louisiana has seen an increase in RP2 2024 to 72.5% and another increase to 80% in RP1 2025. Although Louisiana children continue to see placement changes at a higher rate than the national average based on the most recent Data Profiles provided, the state has seen an increase in placement changes that are occurring due to the needs specific to the child. This is leading to an increase in the rating for item 4. A workgroup was developed in November 2024 to explore the causes for these placement changes. Since that time, monthly meetings have been held where the problem was defined, relevant data was discussed to inform the group on qualitative and quantitative data available, and brainstorming. The workgroup is currently at the stage of prioritizing the ideas identified as contributing factors to then begin the action planning stage. Placement stability reviews continue to occur quarterly. The sample was lessened to 30 statewide reviews per quarter based on reviewer capacity. The reviews have shown a trend of utilizing temporary placements, a lack of initial exploration into relatives for placement, and challenges with stabilizing placements for children with significant behavioral health needs.

Case Review Item 5: Did the agency establish appropriate permanency goals for the child in a timely manner?

Item 5	RP2 2023 Reporting Period 10	RP1 2024 Reporting Period 11	RP2 2024	RP1 2025
Data Period	**April 1, 2023-Sept 30, 2023**	**Oct 1, 2023-March 31, 2024**	**April 1, 2024-Sept 30, 2024**	**Oct 1, 2024-March 31, 2025**
Number of Cases Rated as a Strength	21	16	26	21
Number of Total Applicable Cases	30	29	40	34
Performance (%)	70%	55.2%	65%	61.8%

Item 5 Progress: Louisiana continues to work on efforts towards establishing appropriate permanency goals for the child in a timely manner. In RP1 2024, Louisiana saw a decline to 55.2% in the overall item. The state saw an increase in RP2 2024 with a 65% rating and a slight decline to 61.8% for RP1 2025. When exploring what the cause of the Area Needing Improvement ratings stem from, the main area that was identified as not occurring is filing of the petition in a timely manner. Based on RP1 2025 data, out of the 20 cases that qualified for filing of a TPR during the PUR, 11 of those 20 were not filed timely leading to a 45% strength rating in this area. This is a significant decline from the ratings seen in previous review periods. TPRs are often not filed timely due to the court not willing to accept a goal change to Adoption, agency staff not staffing the case timely with the agency attorneys, or insufficient agency attorneys available to complete necessary

paperwork for filing. In regard to timely establishment of goals, it continues to see the strongest rating with an 88.2% strength rating (30 of 34). Appropriateness of permanency goals saw a 79.4% (27 of 34) strength rating.

Case Review for Item 6: Did the agency make concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangement for the child?

Item 6	RP2 2023 Reporting Period 10	RP1 2024 Reporting Period 11	RP2 2024	RP1 2025
Data Period	**April 1, 2023-Sept 30, 2023**	**Oct 1, 2023-March 31, 2024**	**April 1, 2024-Sept 30, 2024**	**Oct 1, 2024-March 31, 2025**
Number of Cases Rated as a Strength	12	9	14	11
Number of Total Applicable Cases	30	29	40	35
Performance (%)	40%	31%	35%	31.4%

Item 6 Progress: Louisiana has continued to experience struggles in progress with regard to making concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangement for the child. In RP1 2024, Louisiana had a 31% Strength rating, which was the lowest rating for this item in the past several years. For RP2 2024 and RP1 2025, Louisiana continued to see lower ratings of 35% and 31.4%, respectively. The areas identified as leading to Area Needing Improvement ratings continue to be related to continuances of court hearings, not changing goals when there is evidence to support the current goal is not achievable, not moving towards Termination of Parental rights when evidence supports this to be the most appropriate for the child, and a lack of concerted efforts to ensure parents receive the services needed to mitigate the reason for agency involvement. Louisiana DCFS continues to work with the CIP on opportunities to ensure the agency staff and judges have tools available to them to assist in ensuring that children achieve permanency timely. A Child In Need of Care timeline was produced for judges to assist them in understanding the reasons for the timeframes and staying on target with those timeframes as continuances have been cited as a large reason for delays in achievement of permanency.

Permanency Outcome 2: 31.4% Compliant (mean rating from last 10 review periods)

- Item 7: Placement with Siblings – Louisiana scored an average of 79.5% in its efforts to ensure siblings in foster care are placed together. In 30.5% of the cases receiving area needing improvement ratings, Louisiana did not provide a valid reason for not making an effort to place the siblings together. Upon further exploration of the last two review periods (RP10 and RP11), the percentage of siblings placed together did not decline significantly (44.4% to 37.5%), but the valid reason for the separation was significantly lower in RP11 leading to a 50% decline (90% to 40%). Exploration into causes for this seem to be a lack of available foster homes for sibling groups of three to four and a lack of available homes available to take a small sibling group of older children.
- Item 8: Visiting with parents and siblings in foster care – Louisiana scored an average of 55% strength ratings on cases regarding visitations with parents and siblings in foster care. There were 45% with an area needing improvement. The primary reason for the area needing improvement was due to Louisiana not ensuring frequent visits occurred. In reviewing the last two review periods, in RP10, the rating dropped to 45.5% and the rating dropped again in RP11 to 37.5%. The biggest declines noted between RP10 and RP11 were in relation to the frequency

of the visitation for each party. The frequency of visits with the mother saw the smallest decline with a 10% decrease; however, both the father and siblings saw a 20% decline in the frequency rating. Quality of visits that did occur remained consistent with prior review periods.

- Item 9: Preserving Connections – Louisiana made an effort to maintain the child's connection on more than half of the applicable cases reviewed, with an average strength rating of 69.4%. The 30.6% of cases with an area needing improvement rating, was primarily due to not ensuring the child maintained contact with relatives. For RP10, item 9 saw a significant increase from the prior completed review period with a 93.3% rating. In RP11, the rating declined to 48.3% which is the lowest rating during the timeframe tracked, including baseline data. ACT 350 reviews began in late 2023 to explore the agency's exploration early on into relatives and that connections for permanency are explored. The first few review periods were a pilot of the new instrument. Data collection began in the first review cycle of 2024 and the data is still being analyzed.
- Item 10: Relative Placement – Louisiana scored an average of 72.4% in its efforts to ensure children in foster care are placed with relatives. Louisiana received an average of 27.6% area needing improvement, primarily due to not making an effort to locate relatives. In RP10, the agency saw an increase in the performance in item 10 with an 86.7% rating, which is one of the highest ratings during the timeframe. A substantial decline was noted in RP11 with a 35% decrease to 51.7%. The decrease is attributed to a decrease in the number of children placed with relatives. In RP10, 16 of the 30 target children were placed in relative placements and in RP11, 10 of the 29 target children were placed with relatives. When looking at the concerted efforts to ensure relatives were identified, located, informed, and evaluated in RP11, there were fewer than half of the cases where children were not in relative placement and these concerted efforts were demonstrated leading to a decline in the rating. Louisiana will continue to monitor performance in relation to item 10 and determine through further exploration whether there are correlations between the concerns of placement instability and the decrease in utilization of relative placements.
- Item 11: Relationship of child in care with parents – Louisiana received a 54.3% strength rating for promoting, maintain the child, and parent relationship. An area needing improvement rating of 45.7% was primarily due to not engaging the parents to participate in the child's activities and appointments. Through further exploration of a recent decline in the item rating for the last two review periods, in RP10 there was a significant decline in the rating for item 11 from the previously completed review period with a 25% decline to 42.9%. The state again saw a decline in item 11 in RP11 to 30.4%. The biggest decline in this area was related to the promotion of the mother's relationship with the child from 70% in RP10 to 39% in RP11.

Permanency Outcome 2 Update FFY 2025:

Case Review Item 7: Did the agency make concerted efforts to ensure that siblings in foster care are placed together unless separation was necessary to meet the needs of one of the siblings?

Item 7	RP2 2023 Reporting Period 10	RP1 2024 Reporting Period 11	RP2 2024	RP1 2025
Data Period	**April 1, 2023-Sept 30, 2023**	**Oct 1, 2023-March 31, 2024**	**April 1, 2024-Sept 30, 2024**	**Oct 1, 2024-March 31, 2025**
Number of Cases Rated as a Strength	17	10	21	20
Number of Total Applicable Cases	18	16	27	23
Performance (%)	94.4%	62.5%	77.8%	87%

Item 7 Progress: Louisiana's efforts to ensure that siblings are placed together, if in their best interest, continues to be an area where performance is improving. Louisiana saw a decline to 62.5% strength rating in RP1 2024, which was a significant decline from the prior review period. In RP2 2024, there was an increase to 77.8% strength rating and in RP1 2024, there was another increase to 87%. Of the 23 applicable cases for RP1 2025, there were 8 cases where the target child was placed with all siblings in care; in the 15 cases where children were not placed with siblings, there was a justifiable reason for not placing the siblings together in 12 of the 15 cases. The majority of the reasons that were justified for separation were due to medical needs of a child, behavioral needs of a child, or placement with paternal relatives when paternity was not the same for all children.

Case Review Item 8: Did the agency make concerted efforts to ensure that visitation between a child in foster care and his or her mother, father, and siblings was of sufficient frequency and quality to promote continuity in the child's relationship with these close family members?

Item 8	RP2 2023 Reporting Period 10	RP1 2024 Reporting Period 11	RP2 2024	RP1 2025
Data Period	**April 1, 2023-Sept 30, 2023**	**Oct 1, 2023-March 31, 2024**	**April 1, 2024-Sept 30, 2024**	**Oct 1, 2024-March 31, 2025**
Number of Cases Rated as a Strength	10	9	14	7
Number of Total Applicable Cases	22	24	34	27
Performance (%)	45.5%	37.5%	41.2%	25.9%

Item 8 Progress: Louisiana has continued to see a decline in ensuring that children have frequent and quality visits with their mother, father, and siblings while in care. In RP1 2024, Louisiana saw a 37.5% strength rating with a slight increase to 41.2% in RP2 2024. There has been a significant decrease in the rating for RP1 2025 with a 25.9% strength rating. The frequency of visitation seemed to be the more challenging area for each type of participant with the frequency of visits for mothers at 33.3% (8 of 24), fathers at 29.4% (5 of 17) and siblings at 50% (7 of 14). The quality of visits that did occur received a higher rating with 78.9% (15 of 19) for moms, 100% (7 of 7) for dad and 69.2% (9 of 13) for siblings. Issues with frequency of visits with parents and siblings often stemmed from a lack of concerted efforts to ensure parents and siblings were aware of the visits and had means to get to the visits.

Case Review Item 9: Did the agency make concerted efforts to preserve the child's connections to his or her neighborhood, community, faith, extended family, tribe, school, and friends?

Item 9	RP2 2023 Reporting Period 10	RP1 2024 Reporting Period 11	RP2 2024	RP1 2025
Data Period	**April 1, 2023-Sept 30, 2023**	**Oct 1, 2023-March 31, 2024**	**April 1, 2024-Sept 30, 2024**	**Oct 1, 2024-March 31, 2025**
Number of Cases Rated as a Strength	28	14	27	20
Number of Total Applicable Cases	30	29	40	34
Performance (%)	93.3%	48.3%	67.5%	58.8%

Item 9 Progress: When assessing efforts to maintain the child's connections while in foster care, Louisiana saw a dip in performance in RP1 2024. There was an increase to 67.5% in RP2 2024 with a slight decline in RP1 2025 to 58.8%. The performance is still significantly less than observed in prior review periods. The reasons leading to Area Needing Improvement ratings included a lack of efforts to maintain connections with grandparents, aunts/uncles, and cousins who the child had a connection to, and a lack of efforts to maintain children's connections to school or peers. The agency continues to conduct ACT 350 reviews, which has ties to exploration of key relatives early on and through the life of a case to explore interest/willingness for placement or connection. Based on the 30 reviews completed the last quarter of 2024, there continues to be a lack of evidence of diligent efforts to locate and inform relatives provided when a child enters care with a 40% strength rating in this area.

Case Review Item 10: Did the agency make concerted efforts to place the child with relatives when appropriate?

Item 10	RP2 2023 Reporting Period 10	RP1 2024 Reporting Period 11	RP2 2024	RP1 2025
Data Period	**April 1, 2023-Sept 30, 2023**	**Oct 1, 2023-March 31, 2024**	**April 1, 2024-Sept 30, 2024**	**Oct 1, 2024-March 31, 2025**
Number of Cases Rated as a Strength	26	15	35	22
Number of Total Applicable Cases	30	29	40	35
Performance (%)	86.7%	51.7%	87.5%	62.9%

Item 10 Progress: When assessing relative placements, Louisiana had a significant decline in the rating in RP1 2024 with a rating of 51.7%. The rating increased in RP2 2024 to 87.5% which was a significant increase from RP1 2024 but more in line with where the performance had historically demonstrated. In RP1 2025, there was a decline in the strength rating to 62.9%. In a review of the data from cases reviewed in RP 1 2025, 42.9% (15 of 35) of the children reviewed were in a relative placement. The large majority of those placements were determined to be appropriate placements able to meet the child's needs (86.7% or 13 of 15). When looking at the concerted efforts to ensure relatives were identified, located, informed, and evaluated, often times when children were not in relative placement there was a lack of evidence that demonstrated the agency made those concerted efforts to identify, locate, inform and evaluate during the PUR with 36.8% of the cases (7 of 19) that supported that concerted efforts were made.

Case Review Item 11: Did the agency make concerted efforts to promote support and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregivers from whom the child has been removed through activities other than just arranging for visitation?

Item 11	RP2 2023 Reporting Period 10	RP1 2024 Reporting Period 11	RP2 2024	RP1 2025
Data Period	**April 1, 2023-Sept 30, 2023**	**Oct 1, 2023-March 31, 2024**	**April 1, 2024-Sept 30, 2024**	**Oct 1, 2024-March 31, 2025**
Number of Cases Rated as a Strength	9	7	15	7

Number of Total Applicable Cases	21	23	31	24
Performance (%)	42.9%	30.4%	48.4%	29.2%

Item 11 Progress: The state has continued to demonstrate fluctuations in performance with regard to promoting relationships with children in care with their parents or primary caregivers. The state saw a decline in this area in RP1 2024 to 30.4%, with an increase to 48.4% for RP2 2024, and another decline to 29.2%, which is the lowest historical performance in this area. The agency continues to struggle with the promotion of the relationship with the father with a 26.7% rating in RP1 2024, a 40.9% rating in RP2 2024 and a 23.5% rating in RP1 2025. There was a more recent decline in performance related to the promotion of the relationship with the mother, which had historically had ratings in the 70th percentile. In RP1 2024, the rating was 39% related to mothers, in RP2 2024 there was an increase to 61.3%; however, in RP1 2025 there was a decline again to 43.5%. School activities appeared to be the most utilized way to encourage and promote the child's relationship with the parents for both mothers and fathers.

Well-Being Outcome 1: 33.3% Compliant (mean rating from last 10 review periods)

- Item 12: In the area of needs and services to children, parents and foster parents, Louisiana scored highest in the area of foster parents with an average of 76.8% over the past five years. Needs and services to children followed at 65.8% average. Needs assessment and services to parents had the lowest score at 32.1%. The main reasons were related to insufficient needs assessments, services not provide to meet parent's needs, services identified but not provided, and a lack of concerted efforts to locate parents for assessment.
- Item 13: Louisiana's performance in the area of child and family involvement in case planning over the last five years has averaged at 39.2%. Areas of concern for this item include the following: lack of engagement of fathers in case planning, a lack of ongoing discussions of goals, barriers or case progress with children and families. Through exploration into the recent decline in the item 13 rating, it was determined that RP10 rating of 43.2% was consistent with most prior review periods; however, in RP11, there was a significant decline to 22.9%. The area with the most significant decline related to case planning involvement was in the area of engagement of the child in the case planning process with a drop from 79% in RP10 to 44.4% in RP11. Further analysis of the data related to case planning will be conducted to determine how to address the decline.
- Item 14: Caseworker visits with Children average performance rating over the past five years was rated 64.3%. The primary reasons for Area Needing Improvement ratings (35.7%) were based on a lack of quality of visit with children due to a lack of conversation around pertinent discussions related to safety, permanency, and well-being and frequency of visits was not sufficient to meet the needs of the child. For RP10, visits between the worker and children declined to 57.8%. The decline continued in RP11 with a lower percentage than the baseline rating with a 42.9%. Based on results of case reviews conducted in RP11, the major factor that has led to the decline is the quality of the home visits as 27 of the 49 cases received an ANI rating based on quality. The frequency of the visits was not sufficient in 18 of the 49 cases with 10 cases showing visits occurring less than once a month. When comparing out of home to in-home cases, in-home cases had a lower percentage of strength cases with 35% of the in-home cases versus 48.3% of the foster care cases receiving strength ratings. Based on the recent decline in the last two review periods, the data and information related to item 14 will be sent to the State Office Foster Care and Family Services Unit for further discussion about possible solutions to implement for better outcomes in this area.

- Item 15: Caseworker Visits with Parents - Louisiana's performance on this item averaged 34.7% over the last five years. The main factors leading to Area Needing Improvement ratings were a lack of engagement with fathers and the quality of the visits was not sufficient to assess needs or deliver appropriate services. The agency continued to see a decline in practice related to item 15 in both RP10 and RP11 with a 32.4% and 27.9% rating respectively. In RP11, the frequency of contacts with fathers was seen to occur less than monthly leading to a high percentage of cases receiving a no response for sufficient frequency of contact with fathers. The quality of visits with both parents also impacted the rating in a significant percentage of cases with only 36.5% of quality visits with mothers and 32% of quality visits with fathers. Of note is the in-home services cases reviewed had a significantly lower percentage of quality visits with fathers in comparison to the out-of-home cases (23% in home vs 41.7% out of home). Although the agency has maintained an average strength percentage higher than the previous PIP goal, the agency is looking further into the reason for the decline related to frequency and quality of caseworker visits with parents and plans to address the work around this in the CFSP 2025-2029.

Well-being Outcome 1 2025-2029 goals:

- CQI Unit will provide data to each state office program unit (Foster Care and Family Services) specific to their respective program to explore causes of declining strength ratings in assessment of needs of parents and children, engagement in case planning activities and home visit with parents and children.
    - In FFY 2025, there will be exploration into the root cause of lack of quality visitations through surveys, focus groups, and interviews to assist in the development of staff.
    - Assessment of tools available through the Capacity Building Center for States website to assist in education and engagement of staff in the importance of quality caseworker visits.

Well-being Outcome 1 Update FFY 2025:

Case Review Item 12: Did the agency make concerted efforts to assess the needs of and provide services for Child, Parents and Foster Parents?

Item 12	RP2 2023 Reporting Period 10	RP1 2024 Reporting Period 11	RP2 2024	RP1 2025
Data Period	**April 1, 2023-Sept 30, 2023**	**Oct 1, 2023-March 31, 2024**	**April 1, 2024-Sept 30, 2024**	**Oct 1, 2024-March 31, 2025**
Number of Cases Rated as a Strength	12	9	20	17
Number of Total Applicable Cases	45	49	66	56
Performance (%)	26.7%	18.4%	30.3%	30.4%

Item 12 Progress: The state has continued to identify areas where improvement is needed related to concerted efforts to assess the needs of and provide services to children, parents, and foster parents to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family. The overall performance for item 12 has seen a slight increase in the last two review periods. There was a decline to 18.4% in RP1 2024; however, in RP2 2024 and RP1 2025 there has been a slight increase in this area to 30.3% and 30.4%, respectively. The sub area with the most barriers identified related to assessment and

service provision is related to the mother and father. The agency performance best in the assessment and service provisions to foster parents. When looking at these areas over the same timeframe, assessment of children and services to meet the needs was 44.9% for RP1 2024, 59.1% for RP2 2024 and 67.9% for RP1 2025. When assessing performance for assessment of needs and services of parents the review periods saw ratings of 22.7%, 29.5% and 27.5%. For RP1 2024 through RP1 2025 the performance related to assessment of needs and services to foster parents was 57.1%, 63.2% and 84.9%.

Case Review Item 13: Did the agency determine whether concerted efforts were made to involve parents and children in the case planning process on an ongoing basis?

Item 13	RP2 2023 Reporting Period 10	RP1 2024 Reporting Period 11	RP2 2024	RP1 2025
Data Period	**April 1, 2023-Sept 30, 2023**	**Oct 1, 2023-March 31, 2024**	**April 1, 2024-Sept 30, 2024**	**Oct 1, 2024-March 31, 2025**
Number of Cases Rated as a Strength	19	11	23	18
Number of Total Applicable Cases	44	48	62	55
Performance (%)	43.2%	22.9%	37.1%	32.7%

Item 13 Progress: The agency continues to make efforts in improving the engagement of parents in case planning. The agency's performance in these areas has seen a decline with RP1 2024 performance at 22.9%, with an increase to 37.1% for RP2 2024 and a slight decrease to 32.7% for RP1 2025. When exploring the case plan participants and which participants experienced the lowest ratings in performance in RP1 2025, the overall rating for father engagement in case planning was at 25.7%. Fathers saw the lowest ratings for engagement in case planning with both foster care and FS cases with a rating of 19% for foster care and 35.7% in FS. Mothers had a higher overall rating than fathers but continued to see low performance with 39.6% strength rating. Mothers saw a higher level of engagement in case planning in FS cases with 52.4% strength rating versus foster care with 29.6%. Children who were age appropriate for case planning received the highest overall rating with 57.6%. In foster care cases, age-appropriate children saw a 65% strength rating and in FS cases a 46.3%. Lack of engagement in case planning for parents often stems from a lack of concerted efforts to keep in touch with parents whose whereabouts are known to the agency to ensure engagement in case planning and a lack of follow up with providers to determine progress in case planning goals.

Case Review Item 14: Were the frequency and quality of visits between the caseworker and the child(ren) in the case sufficient to ensure safety, permanency, and well-being of the child(ren), and promote achievement of case goals?

Item 14	RP2 2023 Reporting Period 10	RP1 2024 Reporting Period 11	RP2 2024	RP1 2025
Data Period	**April 1, 2023-Sept 30, 2023**	**Oct 1, 2023-March 31, 2024**	**April 1, 2024-Sept 30, 2024**	**Oct 1, 2024-March 31, 2025**
Number of Cases Rated as a Strength	26	21	35	38
Number of Total Applicable Cases	45	49	66	56
Performance (%)	57.8%	42.9%	53%	67.9%

Item 14 Progress: Louisiana has demonstrated improved performance in recent review periods related to the frequency and quality of home visits with children. In RP1 2024, Louisiana's performance was at 42.9%, with a slight increase to 53% in RP2 2024, and another increase to 67.9% for RP1 2025. When comparing frequency to quality, Louisiana has historically performed better in frequency and continued to demonstrate this in RP1 2025 with a 78.8% (44 of 56) strength rating related to frequency of home visits and 69.6% (39 of 56) related to the quality of the home visits. When looking at foster care versus family services cases, foster care cases performed better to the frequency/quality combined at 71.5% with FS rating of 61.9%. In breaking down frequency versus quality, foster care performed better than family services in both frequency and quality of home visits with children. (FC frequency 85.7% quality 74.3%) (FS frequency 66.7% quality 61.9%). Trends leading to Area Needing Improvement ratings were based on not ensuring that additional visits are conducted at critical times in cases like trial home placements, not always conducting private visits with children when age appropriate and not using the time in home visits to comprehensively explore how services were addressing the child's needs or issues pertaining to the child's safety.

Case Review Item 15: Were the frequency and the quality of visits between the case workers and the mothers and fathers of the child(ren) sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?

Item 15	RP2 2023 Reporting Period 10	RP1 2024 Reporting Period 11	RP2 2024	RP1 2025
Data Period	**April 1, 2023-Sept 30, 2023**	**Oct 1, 2023-March 31, 2024**	**April 1, 2024-Sept 30, 2024**	**Oct 1, 2024-March 31, 2025**
Number of Cases Rated as a Strength	12	12	21	15
Number of Total Applicable Cases	37	43	57	51
Performance (%)	32.4%	27.9%	36.8%	29.4%

Item 15 Progress: Louisiana continues to make concerted efforts related to the frequency and quality of in person contacts with parents. In the last few review periods, Louisiana continues to struggle in this area with performance in RP1 2024 at 27.9%, RP2 2024 at 36.8% and RP1 2025 at 29.4%. In assessing the performance in frequency versus quality in RP1 2025, the agency performed better related to frequency for both mothers and fathers with 54.2% strength rating for mothers and 37.1% for fathers. For quality of in-person visits, Louisiana saw performance comparable for mothers and fathers with 39.5% for mothers and 34.8% for fathers. Reasons leading to Area Needing Improvement ratings in this area include a lack of in depth discussion during home visits to assist in determining if services are meeting the parent's needs, a lack of home visits with in home/involved fathers, and the focus of home visits tends to be more on compliance of attending services versus using the time to assess the progress in protective capacities.

Well-Being Outcome 2: 84.1% Compliant (mean rating from last 10 review periods)

- Item 16: Educational Needs of the Child - Louisiana scored fairly well in accurately assessing and addressing children's educational needs. This item received a strength rating average of 84.1% over the past five years. In the most recent review periods, areas needing improvement

ratings were equally due to a lack of accurately assessing needs and the provision of those services due to a lack of assessments**.**

Well-being Outcome 2 Update FFY 2025:

Case Review Item 16: Did the agency assess children's educational needs at the initial contact with the child (if the case was opened during the PUR) or on an ongoing basis (if the case was opened before the PUR), and were identified needs appropriately addressed in case planning and case management activities?

Item 16	RP2 2023 Reporting Period 10	RP1 2024 Reporting Period 11	RP2 2024	RP1 2025
Data Period	**April 1, 2023-Sept 30, 2023**	**Oct 1, 2023-March 31, 2024**	**April 1, 2024-Sept 30, 2024**	**Oct 1, 2024-March 31, 2025**
Number of Cases Rated as a Strength	20	18	21	21
Number of Total Applicable Cases	28	23	32	27
Performance (%)	71.4%	78.3%	65.6%	77.8%

Item 16 Progress: Louisiana continued to display strong performance in the area of assessment and service provision related to educational needs of a child. In RP1 2024, the agency's performance in this area was at 78.3%. In RP2 2024, there was a decrease to 65.6%; however, in RP1 2025 the performance increased to 77.8%. In exploring the reasons for Area Needing Improvement ratings, they often stemmed from a lack of follow up to ensure identified services were being provided such as early steps, IEP services, or tutoring.

Well-Being Outcome 3: 61.7% (mean rating from last 10 review periods)

- Item 17: Physical Health needs of the child **--** Louisiana scored 71.7% in its efforts to address children's physical health needs. When exploring the cause of the decline in the most recent review period, it was determined that the lack of physical health assessment in in home cases declined significantly and the dental health assessment needs of foster children declined. Most of the in-home services cases where there was a lack of assessment were in cases involving drug affected newborns. Further exploration of the trend related to drug affected newborns for in home cases will be conducted and information provided to the Family Services Child Welfare Manager to address. Reinforcement of policy related to dental assessments will be covered in Policy Meetings and exploration into the cause of the lack of dental assessments will be done through discussion in upcoming CQI meetings.

- Item 18: Assessment of Mental / Behavioral Health **-** Louisiana's performance on efforts to address the mental and behavioral health of children received an average strength rating of 56.1%. In the most recent review periods, when exploring differences based on program type, foster care cases had a decline in ensuring appropriate oversight of psychotropic medication with a decline from 71.4% in RP10 to 25% in RP11. If the trend is noted to continue, the CQI Unit will provide the data to the Foster Care Unit to further explore the causes of the decline. This area will be tracked in future review periods to determine if this decline continues to be a trend. In home cases showed a lower percentage of strength ratings than foster care cases with in home cases showing a 28.6% strength rating and foster care cases with a 41.2% rating in the most recent review period. Information related to the trends related to the decline will be

provided to the State Office Family Services Manager. Exploration into the cause of the decline in Mental Health/Behavioral Health Assessment will be explored through discussion in upcoming CQI meetings.

Well-being Outcome 3 Update FFY 2025:

Case Review Item 17: Did the agency address the physical health needs of the children, including dental health needs?

Item 17	RP2 2023 Reporting Period 10	RP1 2024 Reporting Period 11	RP2 2024	RP1 2025
Data Period	**April 1, 2023-Sept 30, 2023**	**Oct 1, 2023-March 31, 2024**	**April 1, 2024-Sept 30, 2024**	**Oct 1, 2024-March 31, 2025**
Number of Cases Rated as a Strength	33	26	40	31
Number of Total Applicable Cases	42	45	58	48
Performance (%)	78.6%	57.8%	69%	64.6%

Item 17 Progress: Louisiana continues to make concerted efforts related to the assessment and provision of services in relation to the child's physical and dental health needs. In RP1 2024, Louisiana experienced its lowest performance in several years related to this item at 57.8%. In RP2 2024, there was an increase to 69% with a slight decrease to 64.6% in RP1 2025. When exploring whether it is physical health needs or dental health needs where the agency sees more area needing improvement, the data from RP1 2025 supports that physical health needs were assessed at 72.9% and dental health needs were assessed at 67.6%. In relation to the services provided, services related to physical health needs were provided more often in 65.7% of the cases reviewed and dental health services were provided in 57.1% of the cases reviewed. Medication monitoring was only applicable in 6 of the cases with 5 of the 6 cases showing adequate monitoring of medication (83.3%). Issues related to Area Needing Improvement cases include the lack of follow up to obtain medical records for medical procedures to ensure proper follow up and not receiving annual physical or dental exams.

Case Review Item 18: Did the agency address the mental/behavioral health needs of the children?

Item 18	RP2 2023 Reporting Period 10	RP1 2024 Reporting Period 11	RP2 2024	RP1 2025
Data Period	**April 1, 2023-Sept 30, 2023**	**Oct 1, 2023-March 31, 2024**	**April 1, 2024-Sept 30, 2024**	**Oct 1, 2024-March 31, 2025**
Number of Cases Rated as a Strength	15	9	12	12
Number of Total Applicable Cases	28	24	30	24
Performance (%)	53.6%	37.5%	40%	50%

Item 18 Progress: Louisiana continues to make efforts to ensure adequate assessment and provision of services related to the behavioral health needs of children. In RP1 2024, Louisiana saw a dip in performance to 37.5%. In RP2 2024, there was a slight increase to 40% and in RP1 2025, there was another increase to 50%. The data supports that each of the areas measured within item 18 had comparable strength ratings with assessment of behavioral health needs at 54.2% (13 of 24), monitoring of psychotropic medications at 54.5% (6 of 11) and provision of services at

50% (11 of 22). Area needing improvement ratings often stemmed from a lack of concerted efforts to ensure appropriate therapy was in place to address the need and a lack of monitoring of the progress made in services.

Data Sources and Data Analysis Planned Activities for FFY 2026: The Continuous Quality Improvement Unit will continue to conduct the Round 4 CFSR reviews and then ongoing CQI reviews utilizing the OSRI. The CQI team will continue to meet with workers, supervisors, and managers on an individual case basis to provide feedback on item ratings, area of strengths in practice, and areas where practice can improve. On a biannual basis at the Child Welfare Summits, data will be provided to the regions related to the findings on items selected by the region. Feedback about systemic concerns that impact practice will be collected during Summits. CQI will continue to be involved in adjunct reviews or workgroups that assist with digging further into issues such as placement stability and exploration of relatives. CQI will continue to encourage the use of the newly developed QR code for CQI referrals to assist in addressing concerns of staff and stakeholders. CQI will continue to encourage feedback and the use of the CQI process for problem exploration.

SYSTEMIC FACTORS:

Information Systems – Louisiana is a state-based child welfare system with statewide information systems. The DCFS child welfare continuum is supported by multiple data systems, each developed for specific functions and/or roles. The systems support the primary DCFS programs, targeted program functions, assessments, quality assurance, cost allocation, and data visualizations to manage and evaluate program outcomes.

Data systems supporting primary DCFS programs:

- A Comprehensive Enterprise Social Service System (ACESS) 2.0
- Tracking Information and Payment System (TIPS)
- Common Front-End Access (CAFÉ)

Data systems supporting targeted DCFS program functions:

- Juvenile Electronic Tracking System (JETS)
- National Youth in Transition Database (NYTD)
- SansWrite
- NEICE Modular Case Management System (MCMS)
- Child Abuse Neglect System (CANS)
- Family Resource Center (FRC) Database

Data systems supporting the assessments and decision making by child welfare professionals:

- Family Assessment Tracking System (FATS)
- Structured Decision Making (SDM)
- Trauma Based Health (TBH)
- RedCap

Data systems supporting the quality assurance function:

- Quality Assurance Tracking System (QATS)
- Online Monitoring System (OMS)

Data systems supporting data collection for cost allocation:

- Random Moment Sampling (RMS)
- Training Cost Allocation System (TCAS)

Business intelligence tools utilized for bringing data sets together to create reports and visualizations used to manage business processes and evaluate program outcomes:

- SystemWare
- WebFocus

The landscape of child welfare data systems has grown to respond to evolving business needs. TIPS remains the core system of record enabling the DCFS to readily identify the status, demographic characteristics, location, and goals for the placement of every child in foster care. Many of these systems are technologically independent with limited interoperability, resulting in reliance on manual data re-entry as a family progress through the child welfare continuum. The DCFS policy requires workers to enter data into the data system(s) within two-days of an event. Manual data entry and re-entry creates a challenge to maintain high data quality, specifically related to accuracy and timeliness. The DCFS ensures that the information systems are capturing timely and quality data through the AFCARS submission error correction processes. Error reports are ran periodically and are distributed to the field for correction to ensure submission compliance.

The DCFS is committed to implementing comprehensive, intuitive, and integrated technology which dependably serves the complete child welfare continuum, and a Comprehensive Child Welfare Information System (CCWIS) planning project began 2023. A CCWIS will enable DCFS and its partners to overcome the interoperability limitations within the current child welfare technology landscape. A CCWIS will create efficiency of daily operations for child welfare workers and improve safety, permanency, and well-being outcomes for children and families.

Overall goals for the CCWIS include:

- A comprehensive, intuitive, integrated system which dependably serves the complete Child Welfare continuum.
- Improved data quality and enhanced reporting capabilities per federal Administration for Children and Families (ACF) regulations.
- Interoperable modern technology that is efficient, effective, and economical.
- Improved financial controls that reduce potential for fraud, waste, and abuse.
- Clear accountability and the ability to measure outcomes in the system.

The CCWIS planning project has outlined a multi-year journey to transition from the current technology landscape to a CCWIS ecosystem. This roadmap development commenced with careful planning and will continue through CCWIS certification. Design, development, and implementation of CCWIS is a priority for the next five years. Change resistance can negatively affect the implementation process causing technology to not realize its full potential and desired outcome. Therefore, organizational change readiness will also occur in advance of, and during, the CCWIS implementation.

Information systems governance will oversee all child welfare technology to ensure changes to the current technology landscape will align with the CCWIS project roadmap. Changes to the current

data systems will continue to occur to drive improvements for data quality, streamline usability, and maintain alignment with evolving state and federal regulations, until CCWIS is implemented.

The following section provides brief descriptions of the data systems supporting DCFS programs, targeted functions, assessments and quality assurance within the current technology landscape.

A Comprehensive Enterprise Social Service System (ACESS) 2.0
ACESS is the official record of all Child Protection Services (CPS) investigations. ACESS supports centralized intake, transfers information to field offices, and collects documentation for all case activities. At completion, ACESS generates the Investigation Report which provides a synopsis of each investigation including safety threats and diminished caregiver protective capacities.

ACESS also supports the following functions:
- Mandated Reporter Portal,
- Comprehensive Addiction and Recovery Act,
- Human trafficking,
- Clearances to conduct searches against the State Central Registry and State Repository,
- Appeals and reviews.

Tracking Information Payment System (TIPS)
TIPS is the system of record for client information and generating payments for Child Welfare clients and providers. TIPS tracks client status, demographic characteristics, location, goals, placement services and paid supportive services for foster children. TIPS maintains a record of all child placements (regardless of placement type). TIPS is the source for the Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS) data. The NCANDS data collected in ACESS is migrated into TIPS via an interface. TIPS is the State of Louisiana's legally mandated Central Registry and the Louisiana Adoption Resource Exchange (LARE) included in the TIPS system along with multiple series of functions listed below:
- Captures client specific, Child Welfare data for the purposes of meeting AFCARS' requirements and authorizing necessary payments.
- Captures all petition information filed with the Child Welfare division.
- Captures Provider Specific information regarding their profile, service agreements, and client level service authorizations.
- Captures or displays financial information such as open provider payables, pay status, suspended payments, check cancellation, etc.
- Supports manual issuance of payments to Child Welfare providers.
- Supports management of overpayments, underpayments, recoupments, and payment corrections.
- Tracks and reports Social Security, Supplemental Security Income and Parental Contributions received for foster children. The system also applies the revenues to the expenditures to reimburse State expenditures.
- Enables Child Welfare managers to track development and need of staff by program area, by location, and fiscal year.
- Supports functions such as worker setup, value table setup, funding rules, service rate setup, and caseload standards. Used by DCFS IT and Security.

- On-line memo system written for parish, regional, and state offices, as well as for accounting. The system will indicate to each user office when they have "mail" and allow them to read and print their memos. Memos sent from any office to a particular office, or to any group of offices, or statewide.

TIPS has interfaces to exchange data with Supplemental Nutritional Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF) programs. Additionally, DCFS Has Memoranda of Understanding with the Department of Education (LDOE) and Department of Health (LDH) for data matching to monitor educational outcomes for children in foster care, and psychotropic medication use for children in foster care. Using these interfaces and data sharing agreements, DCFS is able to review and verify information to serve children and families more effectively.

Common Front-End Access (CAFÉ)
Common Front-End Access (CAFÉ) is the main system used to support the eligibility determination functions within DCFS. It is a unified portal that allows for a comprehensive search of DCFS records to identify previous client records and prevent duplication of case numbers. Additionally, it can allow for verification of basic client demographic data such as birthdates, race, and ethnicity. There is capacity for client as well as provider information data collection through separate portals of the system. Confidential information regarding program specific information such as involvement with Child Welfare programs is protected from view by non-Child Welfare staff.

Juvenile Electronic Tracking System (JETS)
The Juvenile Electronic Tracking System (JETS) tracks client status, legal status, demographics, location, and goals for foster care youth in the custody of the Department of Public Safety and Corrections, Office of Juvenile Justice (DPSC/OJJ). JETS is not interoperable with any DCFS information system. Foster children in OJJ custody are assigned a TIPS number to enable integration into the AFCARS file.

National Youth in Transition Database (NYTD)
The National Youth in Transition Database is a web-based system to collect information on each youth who receives independent living services paid for or provided by DCFS. The system also collects demographic and outcome information on certain youth in foster care. Information is collected in on-line surveys, and the data is provided to the federal government after each reporting period.

SansWrite
SansWrite is a compliance-monitoring platform utilized to support the Licensing function for residential and facility licensure. This system collects and manages data for facilities, which support the needs of multiple programs, including but not limited to child welfare.

NEICE Modular Case Management System (MCMS)
The NEICE Modular Case Management System (MCMS) enables DCFS to create, process, and track ICPC cases electronically and share case information with other states in a secure manner.

Child Abuse and Neglect Clearance System (CANS)
CANS allows Providers/Entities to submit on-line requests for Child Abuse/Neglect Clearance in accordance with the Louisiana Administrative Code. The CANS System is not the System of Record for the State Central Registry, nor does it maintain any Investigation Data. CANS allows the Agency/Entity to do the following:

- Gain approval to make requests (appropriate documentation is requested before an Agency/Entity is allowed to request a Child Abuse and Neglect Clearance)
- Submit request
- Pay the $25 Administrative fee (if applicable)
- View Decisions via System Notifications

DCFS Program Staff uses the CANS System to:

- Approved/Deny Agency/Entities request to submit Child Abuse and Neglect Clearance
- Make determinations on Agency/Entities request based on Data in the State Repository for
- Abuse/Neglect and a State Central Registry (SCR)
- Provides Notification to the requesting Agency/Entity if the Applicant was listed on the
- Abuse/Neglect and a State Central Registry (SCR)

Family Resource Center (FRC)
The Family Resource Center supports staff serving together to empower families to attain self-sufficiency and ongoing independence. Family resource center provides financial help to poor families. FRC has contractors at different locations in the state of Louisiana that can enter data into Web based screens from paper applications to support their work.

Family Assessment Tracking System (FATS)
The Family Assessment Tracking System (FATS) is used by Family Services, Foster Care, and Adoptions for recording family assessments, case plans, and tracking caseworker visits. FATS was developed as an electronic forms application. Staff can access FATS via the CAFÉ worker portal home page; however, the systems are not interoperable. DCFS is able to provide essential data for reporting compliance for the Federal Visitation Report utilizing a data extraction from FATS.

Structured Decision Making (SDM)
Structured Decision Making (SDM) is a web-based system that supports risk and reunification assessment. This system is hosted by the Evident Change on a yearly subscription basis. SDM is accessible via CAFÉ on the worker portal home page.

Trauma Based Health (TBH)
The TBH is a behavioral health trauma screening. The TBH/Survey is a web-based system/ software. Because of confidentiality, the user only enters the client's TIPS number, so the user must then print the results of the survey for the record given that the information is not able to be retrieved by the front-line staff. The Snap Survey software is not owned by DCFS but rather is owned by PRG Research Company.

RedCap
RedCap supports various programmatic processes and data capture for the same.

Quality Assurance Tracking System (QATS)
The Quality Assurance Tracking System (QATS) provides quality assurance tracking and reporting of specific case review instruments as part of the state's continuous quality improvement process.

Online Monitoring System (OMS)
The ACF Children's Bureau Online Monitoring System (OMS) is a Web-based online application consisting of the Onsite Review Instrument and Instructions (OSRI), the Stakeholder Interview Guide, and reporting tools. It is used for both traditional reviews and state conducted case reviews.

Information Systems Update FFY 2025: In June 2024, the Louisiana State Legislature passed House Bill 845, which allows state agencies to procure information technology through an Invitation to Negotiate (ITN) procurement process. DCFS leadership determined the new ITN process will better serve the state in its procurement of CCWIS vendors by mitigating risks to the upcoming implementation project. The new ITN process allows the DCFS to consider a broader range of vendor solutions and provide the ability for the DCFS to change its requirements while negotiating vendor contracts. This provides significant flexibility to align the requirements of the state's child welfare practice and information needs to the most current technology offerings. At this time, no vendor selection has been made and the ITN rule promulgation is still being monitored.

During the rule promulgation period, and as a means to further mitigate risks associated with the upcoming implementation project, the DCFS has initiated the following measures:

- Creation of a CCWIS strategy examining the procurement and implementation options with the new ITN process.
- An examination of data readiness regarding bi-directional interfaces, data migration, and data quality.
- CCWIS planning team partnering with the CFSR process to align the CCWIS strategy with the CFSR assessment conclusions and subsequent planned strategies.
- Incorporation of lessons learned from other state experiences.
- Maintenance of the DCFS legacy systems to ensure the agency is able to readily identify the status, demographic characteristics, placement location and placement goals for all children in foster care or who have been in foster care within the immediately preceding 12-month period.
- Efforts to resolve the barriers that hinder staff from timely correcting and entering data, while ensuring that case management services are effectively delivered to children and families.

Information Systems Planned Activities FFY 2026: In FFY 2026, the DCFS will continue to implement strategies to mitigate risks associated with the upcoming CCWIS implementation project, prepare for procurement of new technology upon the Office of State Procurement finalizing the ITN rule, and maintain existing state systems.

Case Review System:

Written Case Plan- In Louisiana, each child in foster care must have a case plan initiated by at least the 30th day after foster care entry and receive a finalized initial case plan within 45 days of the date the child was placed in the custody of the Department of Children and Family Services (DCFS). Afterward, the worker and family must review and update the case plan a minimum of every 6 months from the date of foster care entry but may be reviewed and updated more frequently if necessary to meet the needs of the child and family.

Case plans are developed through worker preparation with parents, children, foster caretakers and other stakeholders who come together as a team in Family Team Meetings (FTMs), the purpose of which is to offer the parents support in achieving their goals for their family. The following policies and procedures are in place to ensure case plans are developed for each child in foster care and the case plan is developed jointly with the child's parent(s):

- Written case plans must be presented to the court for review and approval a minimum of every six months;
- Completion of case plans must be documented in the case events of the Tracking and Information Payment System (TIPS);
    - Upcoming and overdue case events generate alerts to the assigned caseworker, which can be monitored through CAFÉ by the worker's supervisor;
- Written case plans are completed through the teaming process which involves including family, stakeholders, legal partners as team members in the planning process to support the family in defining goals, establishing action steps, and implementing the case plan;
- The case plan template is held in the Family Assessment and Tracking System (FATS), which makes it easy for any involved staff members statewide to pull up the case plan and review or document family progress;
- The Assessment of Family Functioning (AFF) is integrated into the electronic case planning template to allow for immediate review of family strengths, needs for improvement, parental caretaking capacities, risk level for the family, specialized assessment of runaway or trafficked youth and transitional needs of youth to guide the case planning process;
- For youth ages 14 and older, the DCFS policy and the written case plan template include provisions for the involvement of a minimum of two individuals as requested by the youth unless there is good cause to believe the individuals would not act in the best interest of the youth;
- The DCFS policy dictates the tribe be notified and included in case planning, if the child is a member of or eligible for membership in a federally recognized tribe.

Case Review System 2025-2029 goals:

1. The DCFS will continue to work with the families, foster caregivers and stakeholders as a team in Family Team Meetings (FTMs) in the development of the written case plans.
2. The DCFS plans to continue having Child Welfare managers participate in the initial FTM, to provide valuable feedback and evaluate the engagement of staff and the other team members.
3. The DCFS will continue to track the timely completion of the case plans utilizing TIPs and FATS systems.
4. State Office Program staff will continue to track and monitor the completion of timely case plans through the WebFocus report on Initial Case Plan completion.

5. A Case Plan Coming Due report will be developed in WebFocus to allow for easy access by supervisors and workers to pull. On a monthly basis, regional reports will be pulled by Performance Measures Consultants and provided to the appropriate Manager to ensure proper tracking of Case Plans coming due.

Written Case Plan Update FFY 2025: The DCFS continued to strive to ensure that each child in foster care received a written case plan developed in collaboration with the family within 30 days of case acceptance and at least once every six months thereafter during the Family Team Meetings. The DCFS continued to strive to ensure that case plans are submitted to the court within 10 days of the court hearing. The DCFS continued to monitor data related to parental engagement in case planning to assess whether this implementation is effectively enhancing engagement efforts. The DCFS continued to engage with families to ensure that the case planning participants are adequately informed about the conditions necessary for reunification and the criteria for case closure.

The chart below provides a breakdown in performance by region. In FFY 2024, there were 6,686 children served in foster care who were in FC for at least 60 days. Of these 6,686 children, 82.5% had a case plan completed. During FFY 2025, a total of 4,142 children were served in foster care for a duration of at least 60 days. Of these children, 77.6% had a completed case plan.

	FFY 2024		FFY 2025 (October 1, 2024-April 30, 2025)	
Region	**# FC Served**	**% with Case Plan**	**# FC Served**	**% with Case Plan**
Orleans	462	91.1%	271	82.7%
Baton Rouge	765	61.2%	447	50.5%
Covington	971	90.7%	592	87.5%
Thibodaux	685	78.8%	413	80.6%
Lafayette	995	91.8%	637	86.6%
Lake Charles	375	93.1%	225	87.6%
Alexandria	931	67.1%	609	62.0%
Shreveport	828	82.1%	498	73.2%
Monroe	669	95.1%	450	92.6%
Other	5	80.0%	0	0
Total	**6686**	**82.5%**	**4142**	**77.6%**

The DCFS used data from the Continuous Quality Improvement (CQI) case review process to determine if case plans were developed for all children in care and if they were developed jointly with the child's parents. When exploring the case plan participants and which participants experienced the lowest ratings in performance in RP1 2025, the overall rating for father engagement in case planning was at 25.7%. Fathers saw the lowest ratings for engagement in case planning with both foster care and FS cases with a rating of 19% for foster care and 35.7% in FS. Moms had a higher overall rating than fathers but continued to see low performance with 39.6% strength rating. Mothers saw a higher level of engagement in case planning in FS cases with 52.4% strength rating versus foster care with 29.6%. Children who were age appropriate for case planning received the highest overall rating with 57.6%. In foster care cases, age-appropriate children saw a 65% strength rating and in FS cases a 46.3%.

Item 13	RP2 2023 Reporting Period 10	RP1 2024 Reporting Period 11	RP2 2024	RP1 2025
Data Period	**April 1, 2023-Sept 30, 2023**	**Oct 1, 2023-March 31, 2024**	**April 1, 2024-Sept 30, 2024**	**Oct 1, 2024-March 31, 2025**
Number of Cases Rated as a Strength	19	11	23	18
Number of Total Applicable Cases	44	48	62	55
Performance (%)	43.2%	22.9%	37.1%	32.7%

CQI reviewers conducted consultations with workers and supervisors on every CQI review conducted. An individual report of each CQI review is prepared prior to a consultation. The individual report summarizes the areas of "strength" and "needing improvement" based on the case review. CQI reviewers used the information to provide mentoring on best practice, discuss missing documentation, and conduct policy reviews or provide policy clarification.

Written Case Plan Planned Activities FFY 2026: The DCFS will continue collaborating with families, foster caregivers, and stakeholders during Family Team Meetings to support the development of comprehensive written case plans. The DCFS intends to ensure that Child Welfare Managers statewide participate in the initial Family Team Meetings to provide valuable feedback and assess the engagement levels of staff and other team members. The DCFS will continue to monitor the timely completion of case plans through the utilization of the WebFocus, TIPs, and FATS systems.

Periodic Reviews- In compliance with Louisiana law, the DCFS has policies and procedures in place to ensure each child receives a case review hearing by the court every six months. The DCFS staff must provide the court with a report summarizing progress in the case and an updated written case plan a minimum of 10 working days prior to the case review hearings, which are held by the court every six months. The DCFS staff are also required to notify the child's foster caretakers of the case review hearings held by the court and the right of the foster caretaker to be heard. All other parties involved are notified of case review hearings by the court and of case planning meetings or reviews.

- Completion of case plan review meetings and court case review hearings must be documented in the case events of TIPS.
    - Upcoming and overdue case events generate alerts to the assigned caseworker, which can be monitored through CAFÉ by the worker's supervisor.
- A sample of case plans is reviewed by CQI staff every six months.
    - Part of this process involves assessing the number of court case review hearings occurring timely and noting this as an administrative review in the database.
    - If a court-case review hearing has not occurred timely during the six-month timeframe, an administrative review is scheduled according to an established protocol within the region to ensure compliance.

Periodic Reviews 2025-2029 goals:

1. The DCFS will continue to ensure that each child receives a case review hearing by the court every six months.
2. The DCFS will continue to provide the court report and updated case plans to the courts as required.
3. The DCFS will ensure that all parties involved are duly notified of court hearing as required.

4. State Office Program staff will continue to track and monitor the completion of Periodic Reviews through the WebFocus report on Periodic Review completion through running of monthly reports to ensure completion and will notify regional staff if a case is noted on as an overdue case.
5. A Periodic Review Coming Due report will be developed in WebFocus to allow for easy access by supervisors and workers to pull. On a monthly basis, regional reports will be pulled by Performance Measures Consultants and provided to the appropriate Manager to ensure proper tracking of Periodic Reviews coming due.

Periodic Reviews Update FFY 2025: The DCFS and the courts consistently conducted Judicial Reviews within six months of the date each child entered custody, as well as every six months thereafter while the child remained in state's custody. The DCFS ensured that each child received a case review hearing by the court every six months, providing the court with a comprehensive report summarizing the progress of the case and an updated written case plan at least ten working days prior to each hearing. The DCFS and the courts continued to conduct Judicial Reviews within six months of the date the child entered custody and every 6 months following as long as the child remains in custody. The DCFS continued to ensure that each child received a case review hearing by the court every six months and that the courts were provided with a report summarizing progress in the case and an updated written case plan a minimum of 10 working days prior to each case review hearing. The DCFS continued to document the completion of case plan review meetings and case review hearings in the case events in TIPS.

The chart below provides data for Children with an initial Periodic 6-month review hearing due during the selected timeframe (FFY) who were in foster care when the 6-month hearing was due. The numerator for this measure is the Number of children with initial periodic reviews completed on time. The denominator is the number of children/hearings with an initial 6-month review hearing due in the period. The data is pulled by court location. For FFY 2024, the number of initial periodic review hearings due for the state was 2124, the number of hearings held timely was 984 for a total completed on time of 46.3%. During FFY 2025, there were 1,387 initial periodic review hearings due statewide. Of these, 435 hearings were conducted in a timely manner, resulting in a completion rate of 31.4%.

Initial Periodic Review Performance						
	FFY 2024			FFY 2025		
Region	# of initial periodic reviews due	# of on time initial periodic reviews	% on Time initial periodic reviews	# of initial periodic reviews due	# of on time initial periodic reviews	% on Time initial periodic reviews
Orleans	154	90	58.4%	100	22	22%
Baton Rouge	224	32	14.3%	167	18	10.8%
Covington	260	145	55.8%	214	94	43.9%
Thibodaux	209	76	36.4%	93	45	48.4%
Lafayette	310	195	62.9%	237	90	38.0%
Lake Charles	106	69	65.1%	71	29	40.8%
Alexandria	325	120	36.9%	187	37	19.8%
Shreveport	308	130	42.2%	211	61	28.9%
Monroe	226	126	55.8%	107	39	36.4%
Other	2	1	50%	0	0	0
Total	**2124**	**984**	**46.3%**	**1387**	**435**	**31.4%**

The chart below provides data for Children with a subsequent Periodic 6-month review hearing due during the selected timeframe (FFY) who were in foster care when the 6-month hearing was due. The numerator for this measure is the Number of children with a subsequent periodic review completed on time. The denominator is the number of children/hearings with a subsequent 6-month review hearing due in the period. The data is pulled by court location. For FFY 2024, the number of subsequent periodic review hearings due for the state was 2651, the number of hearings held timely was 2238 for a total completed on time of 84.4%. During FFY 2025, a total of 1,377 subsequent periodic review hearings were due for the state. Out of these, 1,098 hearings were conducted in a timely manner, achieving a completion rate of 79.7%.

Subsequent Periodic Review Performance						
	FFY 2024			FFY 2025 (October 1,2024-April 30, 2025)		
Region	# of subsequent periodic reviews due	# of on time subsequent periodic reviews	% on Time subsequent periodic reviews	# of subsequent periodic reviews due	# of on time subsequent periodic reviews	% on Time subsequent periodic reviews
Orleans	160	124	77.5%	126	100	79.4%
Baton Rouge	158	124	78.5%	58	41	70.7%
Covington	382	337	88.2%	158	131	82.9%
Thibodaux	307	249	81.1%	209	170	81.3%
Lafayette	606	524	86.5%	310	242	78.1%
Lake Charles	309	279	90.3%	116	99	85.3%
Alexandria	205	166	81.0%	104	81	77.9%
Shreveport	216	174	80.6%	141	124	87.9%
Monroe	304	257	84.5%	155	110	71.0%
Other	4	4	100.0%	0	0	0
Total	**2651**	**2238**	**84.4%**	**1377**	**1098**	**79.7%**

Periodic Reviews Planned Activities FFY 2026: The DCFS will continue to strive to ensure that each child receives a case review hearing by the court every six months. The DCFS will continue to provide court reports and updated case plans to the court as required. The DCFS will continue to educate staff to ensure that all parties involved are properly notified of court hearings as mandated. State Office Program staff will maintain oversight of Periodic Reviews by tracking and monitoring completion through the WebFocus reports. Monthly reports will be generated to verify completion, and regional staff will be notified if any cases are identified as overdue.

Permanency Hearings- As per Louisiana law, each child in foster care is assured a permanency hearing by the court every 12 months. It is common in Louisiana courts to use the periodic review hearing and permanency hearings interchangeably or a combination of both hearings. The DCFS policy requires a permanency staffing occurs initially within nine months of foster care entry. This purpose is to assess the potential for the family to achieve reunification prior to 12-months, identify any unaddressed needs of the family, determine any compelling reasons for not pursuing termination when the child has been in foster care 12-months, and/or determining steps necessary to pursue termination at the permanency hearing when the child has been in foster care for 12-months. Once an initial permanency staffing has been held, every case staffing held every three months thereafter is an ongoing assessment of the appropriateness of the child's permanency plan. Permanency hearings continue to be held every 12 months from the date the child entered foster care until permanency is achieved. These permanency hearings are held in conjunction with the case review hearings being held at 6-month intervals rather than separately. Therefore, the DCFS

staff are providing the court with a report with the recommendations of the DCFS for permanency for the child. The court report summarizes progress in the case and is submitted to the court along with an updated written case plan a minimum of 10 working days prior to the permanency and case review hearing. The DCFS staff are required to notify the child's foster caretakers of the permanency hearings and case review hearings and their right to be heard at those hearings. DCFS staff are required to provide each caregiver the 98A, the Child Placement Agreement form, which includes a statement for the caseworker to read to the caregiver at the point of placement notifying the caregiver of their right to receive notice, be present, and provide information at hearings. Staff must indicate that the caregiver was notified of the upcoming court hearing by selecting the checkbox in the FATS system. The DCFS is continuing to work on the development of a case event in the TIPS system to capture the date of the notice to a caregiver advising of their right to attend and be heard at court hearings. This update is expected to launch in late 2024. All other parties involved are notified of permanency and case review hearings by the court.

- The DCFS recommendations for permanency for children, court reports and updated, written case plans are presented to the court for review and approval a minimum of every six months (which incorporates the report due every 12 months for a permanency hearing) and must arrive to the court within 10 working days of the scheduled permanency and case review hearings.
- Completion of permanency staffings and annual permanency hearings must be documented in the case events of TIPS.
- Upcoming and overdue case events generate alerts to the assigned caseworker, which can be monitored through CAFÉ by the worker's supervisor.

Permanency Hearings 2025-2029 goals:

1. The DCFS will continue to ensure that each child receives a permanency hearing by the court every twelve months.
2. The DCFS will continue to provide the court report and updated case plans to the courts as required.
3. The DCFS will ensure that all parties involved are duly notified of a court hearing as required.
4. State Office Program staff will continue to track and monitor the completion of Permanency Hearings through the WebFocus report on Permanency Hearing completion through running of monthly reports to ensure completion and will notify regional staff if a case is noted on as an overdue case.
5. A Permanency Hearing Coming Due report will be developed in WebFocus to allow for easy access by supervisors and workers to pull. On a monthly basis, regional reports will be pulled by Performance Measures Consultants and provided to the appropriate Manager to ensure proper tracking of Permanency Hearing coming due.

Permanency Hearings Update FFY 2025: The DCFS remains committed to conducting judicial reviews for all cases within nine months, and no later than twelve months following the disposition hearing. These reviews are essential for evaluating the ongoing necessity and appropriateness of child placement, assessing progress toward addressing the factors that necessitated placement in foster care, ensuring the safety of the child, measuring compliance with the case plan by both parents and DCFS, and determining the anticipated timeline for achieving permanency for the child. The DCFS State Office Program staff continued to track and monitor the completion of Permanency Hearings monthly to ensure timely completion of hearings. Cases identified as overdue are reported to the regional office staff to facilitate appropriate action.

The DCFS developed a Foster Care Notification Form to be completed for each change in placement and distributed to the court, parents, and attorneys. This form will be finalized and submitted to policy for approval. The final version of the form and the associated policy will take effect on May 15, 2025.

The chart below provides data for Children with an initial Permanency hearing due during the selected timeframe who were in foster care when the initial Permanency hearing was due. The numerator for this measure is the Number of children with initial permanency hearings completed on time. The denominator is the number of children/hearings with initial Permanency hearing due in the period. The data is pulled by court location. For FFY 2024, the number of initial permanency hearings due for the state was 1760, the number of hearings held timely was 782 for a total completed on time of 44.4%. During FFY 2025, there were 898 initial permanency hearings scheduled for the state. Of these, 220 hearings were conducted in a timely manner, resulting in a completion rate of 24.5%. This number may appear low due to delays in entering data into the TIPS system.

Initial Permanency Hearings						
	FFY 2024			FFY 2025 (Oct.1, 2024-April 30, 2025)		
Region	# of initial Permanency Hearings due	# of on time initial Permanency Hearings	% on Time initial Permanency Hearings	# of initial Permanency Hearings due	# of on time initial Permanency Hearings	% on Time initial Permanency Hearings
Orleans	133	77	57.9%	52	18	34.6%
Baton Rouge	171	43	25.1%	100	4	4%
Covington	205	125	61.0%	119	36	30.3%
Thibodaux	189	67	35.4%	96	23	24.0%
Lafayette	257	156	60.7%	119	39	32.8%
Lake Charles	108	57	52.8%	45	18	40.0%
Alexandria	285	86	30.2%	146	33	22.6%
Shreveport	207	89	43.0%	111	20	18.0%
Monroe	200	81	40.5%	110	29	26.4%
Other	5	1	20.0%	0	0	0
Total	**1760**	**782**	**44.4%**	**898**	**220**	**24.5%**

The chart below provides data for children with a subsequent permanency hearing due during the selected timeframe who were in foster care when the subsequent permanency hearing was due. The numerator for this measure is the number of children with subsequent permanency hearings completed on time. The denominator is the number of children with subsequent permanency hearing due in the period. The data is pulled by court location. For FFY 2024, the number of subsequent permanency hearings due for the state was 723, the number of hearings held timely was 379 for a total completed on time of 52.4%. During FFY, the number of subsequent permanency hearings due for the state was 333, the number of hearings held timely was 180 for a total completed on time of 54.1%.

Subsequent Permanency Hearings						
	FFY 2024			FFY 2025 (Oct.1, 2024-April 30, 2025)		
Region	# of subsequent Permanency Hearings due	# of on time subsequent Permanency Hearings	% on Time subsequent Permanency Hearings	# of subsequent Permanency Hearings due	# of on time subsequent Permanency Hearings	% on Time subsequent Permanency Hearings
Orleans	27	13	48.1%	17	2	11.8%
Baton Rouge	69	40	58.0%	31	11	35.5%
Covington	97	61	62.9%	36	22	61.1%
Thibodaux	105	46	43.8%	36	26	72.2%
Lafayette	180	101	56.1%	78	34	43.6%
Lake Charles	44	23	52.3%	28	14	50.0%
Alexandria	58	18	31.0%	29	22	75.9%
Shreveport	51	22	43.1%	22	12	54.5%
Monroe	90	54	60.0%	56	37	66.1%
Other	2	1	50.0%	0	0	0%
Total	**723**	**379**	**52.4%**	**333**	**180**	**54.1%**

Permanency Hearings Planned Activities FFY 2026: The DCFS will continue to work to identify specific challenges with holding timely permanency hearings across the state to improve the overall timeliness of permanency hearings and enhance the outcomes for the children and families served.

Termination of Parental Rights: The DCFS has multiple processes and safeguards in place to ensure the filing of termination of parental rights (TPR) proceedings occurs in accordance with the federal requirements. For cases where TPR is pursued, the DCFS developed requirements for a nine-month permanency staffing. The staffing was created to ensure everything was in place to proceed with TPR if/when appropriate at the 12-month permanency hearing. As soon as the decision is made to proceed with seeking termination, a TPR packet is prepared and submitted to the staff attorneys. The staff attorney assigned to the case has 30 days from receipt of the TPR packet to file the petition for termination. From the filing of the petition, the termination proceedings follow the court process, which is guided by the Children's Code legal requirements.

The DCFS Bureau of General Counsel (BGC) provides data regarding the number of TPR petitions filed on a monthly basis. This data is shared with the Executive Management Team and Regional Administrators to assist in decision-making efforts on improving permanency outcomes. The monthly Statewide TPR data reports are also available for all staff to review on the DCFS CW intranet page.

During FFY 2024, 454 TPR petitions were filed statewide. Based on the CQI data for RP10 and RP11, the Agency experienced a significant decline in the filing of the Termination of Parental Rights Petition. There was a 91.7% rating in RP10 but it declined to 66.7% in RP11.

The TPR data reports along with CQI case review reports are shared with the Court Improvement Program (CIP). In the CIP CQI process, this data has been used in discussions on court timeliness measures. The DCFS and CIP's sharing of data as well as collaboration between the organizations' CQI committees, has strengthened the case review system regarding monitoring the statewide functionality of TPR filings.

CQI case reviews provide data on the number of cases, which are rated as "strength", or "area needing improvement" regarding filing of termination of parental rights (TPR) proceedings occur in accordance with federal requirements. Specifically, item six of the case review instrument measures the following: "Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement".

TPR 2025-2029 goals:

1. The DCFS will continue to conduct initial permanency staffings on all cases at the 9-month mark in an effort to ensure termination of parental rights (TPR) petitions are filed timely.
2. Exploration into a more streamlined method of tracking of cases staffed for termination by region, when the petition is filed, and when TPR is accomplished.
3. State Office Program staff will continue to track and monitor the completion of the filing of TPR through the WebFocus report on Children in Foster Care 15 of the Last 22 Months completion through running of monthly reports to ensure completion and will notify regional staff if a case is noted on as an overdue case.

TPR Update FFY 2025: The DCFS continued to strive to ensure the timely filing of Termination of Parental Rights (TPR) proceedings in compliance with federal requirements. To facilitate this process, the DCFS conducted initial permanency staffings for cases that are nine months old, ensuring that all requirements for the TPR filing were met prior to submitting the petition. Additionally, the Bureau of General Counsel (BGC) continued to file the TPR petition promptly upon receipt of the TPR packet from caseworkers.

The DCFS State Office Program staff tracked and monitored the completion of Termination of Parental Rights (TPR) filings through the case event report for children who have been in Foster Care for 15 of the last 22 months. This process included generating monthly reports to ensure all cases were up to date. For cases identified as overdue, regional staff are promptly notified.

The DCFS lacks the capacity to effectively track performance in this area, however, the Agency continues to identify challenges contributing to this area of concern such as the absence of BGC and state attorneys as well as the accurate and untimely submission of documentation.

TPR Activities Planned FFY 2026: The DCFS will continue its practice of conducting initial permanency staffings at the nine-month mark to assess the applicability of Termination of Parental Rights and to facilitate the timely filing of TPR petitions. Additionally, the DCFS will continue its efforts to schedule TPR hearings efficiently.

The DFCS will continue to collaborate with the court system to expedite processes and enhance efficiency for families and children. The DCFS team remains committed to working alongside the courts and legal professionals to achieve timely permanency for all children in care.

The DCFS Child Welfare Consultants will continue to conduct case planning staffings for children who have been in foster care for over 12 months with a goal of reunification, ensuring that the best possible outcomes are achieved for each family.

Notice of Hearings and Reviews to Caregivers- In FATS, in the federal compliance portion of the case plan document, the DCFS captures the date written notification was provided to all foster caretakers informing them of the date, time, location of the hearings and their right to attend and

be heard. In the case notes or case documentation portion of FATS when staff document contacts are made with the family, child and caretaker each month, they are able to indicate whether the caretaker was notified of the hearing and their right to be heard. All of this documentation is provided in narrative format with no capacity for rolling up the data.

The DCFS is working to develop a case event in TIPS to allow the capacity to roll up data on whether notification of the foster caretakers and their right to be heard occurred in each case due for case review each month, regardless of whether it is an initial or ongoing case review. It will be possible to develop a report to display in WEBFOCUS regarding the percentages of cases where this occurred by region to allow field staff managers to plan for improvement on a regular basis. It will be possible to monitor from a state level to initiate higher level planning for improvement. The CQI staff review a sample of case plans every six months. This process includes consideration of fulfillment of all federal case planning requirements, including notification of foster caretakers regarding any review or hearing held with respect to the child and their right to be heard. CQI and program staff will work together to assess how efforts can be coordinated to develop informative data and improve outcomes.

The DCFS has worked on numerous fronts to obtain stakeholder feedback and participation in improving the delivery of services. These efforts are accomplished in part through the DCFS Advisory Board, the DCFS Internal Advisory Committee and the CW CQI process.

The 98A form includes a statement for the caseworker to read to the caregiver at the point of placement notifying the caregiver of the right to receive notice, be present, and provide information at hearings. The caregiver must initial the form in a designated space stating they were provided with this notice and a copy of the form be filed in the case record. The DCFS is working on the development of a case event in the TIPS system to capture and track the date of the notice to a caregiver advising of their right to attend and be heard at court hearings. This update is expected to launch late 2024. Policy states the child's assigned CASA worker shall be notified and given the opportunity to participate in the agency Administrative Reviews, which may be necessary on the case to review the case plan document and consider the appropriateness for planning for safety, permanency, and well-being of the child.

Notice of Hearings and Reviews to Caregivers 2025-2029 goals:

1. The DCFS will continue to utilize the 98-A form as notification to the caregiver of their right to receive notice, be present, and provide information at court hearings.
2. The DCFS will continue to encourage the use of the Foster Caregiver Progress Form to provide valuable, current, and relevant information about the child that helps the court make informed decisions regarding the child's best interest.
3. The DCFS will continue to work toward the development of a case event in TIPS to capture the date of notice to a caregiver advising of their right to attend and be heard at court hearings.

Notice of Hearings and Reviews to Caregivers Update FFY 2025: The DCFS continued to provide notice of hearings and reviews to caregivers. Utilizing the 98-A form as notification to the caregiver of their right to receive notice, be present, and provide information at court hearings.

The DCFS implemented a notification and reminder pop-up box for case workers when entering the date of case events related to judicial reviews. This notification captures whether the caregiver was notified and records the date of the notification.

The DCFS continued to encourage the use of the Foster Caregiver Progress Form to provide valuable, current, and relevant information about the child that helps the court make informed decisions regarding the child's best interest. The DCFS continued to work toward the development of a case event in TIPS to capture the date of notice to a caregiver advising of their right to attend and be heard at court hearings.

Notice of Hearings and Reviews to Caregivers Planned Activities FFY 2026: The DCFS will continue to maintain federal compliance by providing written notifications to caregivers to inform them of the date, time, and location of court hearings, as well as their right to attend and be heard. The DCFS will ensure that caregivers receive timely updates regarding court hearings and Family Team Meetings. The DCFS will continue to collaborate with the court systems to identify the most effective method for tracking foster parent notifications and their attendance at court proceedings.

Quality Assurance System-

Strengths: A notable strength is CQI is committed to assuring the validity and inter-rater reliability of case reviews. In an effort to improve validity and reliability of case reviews, the agency continues to ensure a second and third level review process. The current CQI team is a group of seasoned reviewers and QA staff. This, combined with ongoing training, serves to improve the validity and reliability of case reviews. The continuation of bi-directional feedback communication is also a strength vital to any CQI process to ensure everyone who supports children and families is treated as an important partner (*CW Principle of Practice*).

Areas Needing Attention: Areas requiring attention include maintaining and providing enhancement of the QA/CQI system to support progress, ensuring adequate coverage for review staff as attrition occurs, assisting the Department in the development of the Statewide Assessment, and development and implementation of the Program Improvement efforts if determined necessary.

Updated Assessment: The DCFS continues to maintain a CQI foundational structure that includes a case review process with secondary oversight by the Children's Bureau, quality data collection and dissemination as well as active inclusion of internal and external stakeholders to inform feedback loops during the FFY 2020-2024. In FFY 2023, the Agency Contracted with Public Consulting Group (PCG) to complete Louisiana's federal case reviews until the start of FFY 2024 at which time the reviews returned to the DCFS CQI consultants. The transition back to the DCFS CQI consultants occurred after challenges were faced with the amount of oversight needed on the contract reviewer's case reviews in order to meet the Agency's standard for quality reviews. The DCFS CQI team changed structure and size to accommodate the reviews to be conducted by Agency staff. The CQI Team Structure now consists of one Child Welfare Manager 2, one Child Welfare Manager 1, and eight consultants whose role is conducting CQI reviews and two consultants who have shared CQI and Planning responsibilities. The DCFS continues to be fully committed to ensuring a full CQI process and is continuing to work to ensure that the transition back to Agency staff is supported and continues to provide ongoing training and feedback.

The CQI Team continues to utilize the Online Management System (OMS) to conduct case reviews in an effort to ensure the review process meets requirements set forth by the Children's Bureau. The state continues to use a 6-month review period using a statewide simple random fixed sample to select cases for review. The DCFS completed both six-month review period for FFY 2024; however, a full review of 65 case reviews were not completed in the six-month time frames. The expectation moving forward is to complete at a minimum of 65 case reviews per six month time frame. The CQI Team continues to utilize the OMS system for case entry and is utilizing the Round 4 materials in preparation for Round 4 of the CFSR. At this time, Louisiana intends to conduct a State Led CFSR for Round 4. The plan is to utilize review staff for the review and QA processes.

In an effort to ensure readiness to conduct a State Led CFSR for Round 4, the CQI Team continues to enhance its interrater reliability among the CQI team by conducting quarterly CQI meetings with mock case reviews. The CQI Team also uses resources provided by the Children's Bureau including the National Call Series, Round 4 Resources, and the E-Learning platform to continue to reinforce interrater reliability. The CQI Team continues its biweekly meetings. These meetings continue to provide an opportunity to conduct interrater reliability activities to ensure consistency in cases and to share information regarding case reviews.

The DCFS has updated the Louisiana DCFS Child Welfare Continuous Quality Improvement Manual to reflect the requirements of the CFSR Round 4 Procedures Manual. Updates made to the sampling methodology and other aspects will ensure compliance with the expectations for Round 4. Case Reviews are selected for all jurisdictions where the services in the CFSP are provided.

The analysis and dissemination of quality data continues in regional CQI meetings, through worker and supervisor consultations immediately following case reviews, through providing quantitative and qualitative data reports, and through bi-directional feedback loops established through meetings with internal and external stakeholders. The collection, analysis and dissemination of quality data continues through the CQI Unit conducting individual exit meetings with case workers and their supervisors immediately following the approved and final status of each case review. These exit meetings allow the CQI Team members and field staff to have detailed discussions regarding the quality of practice and what improvements may be needed. The CQI meetings scheduled for April and October each year will be held through a hybrid means of both in-person and virtual attendance to allow for more interaction while giving an opportunity to those who cannot travel to attend. The January and July meetings will remain fully virtual. The return to in-person meetings has allowed for more feedback and discussion. During the months of January and July, the results of statewide and region-specific program data are disseminated to regional staff and invited stakeholders. The content of these meetings includes data related to program reviews and surveys. In the April and October meetings, CQI provided the results of the CFSR case reviews as well as data from the Child Welfare Assessment and Decision-Making adhoc case reviews. The goals of the data meetings are to ensure opportunities for participation and in-depth discussion regarding practice and root-cause analysis while also enhancing the state's bi-directional feedback loops among staff and external stakeholders. In FFY 2023 and 2024, the importance of stakeholder involvement related to persons with lived experience was emphasized in meetings with leadership and regional management. The CQI Team continues to facilitate discussions with regional management and staff about meaningful engagement of people with lived experience.

The CQI Team continues to maintain a feedback loop by utilizing data from the CFSR reviews during quarterly meetings with the Pelican Center to provide data to the Court Improvement Projects. Opportunity is taken at these meetings to share data gathered through case reviews, case related interviews and CQI meetings to help further discussion about possible root causes to issues noted in specifically item 5 and item 6. This collaboration continues and planned activities related to this can be found in the CIP section of the CFSP.

The CQI Team continues to assist in the development and implementation of targeted case reviews as well as participation in workgroups in an effort to ensure a CQI foundational structure is maintained. CQI internal workgroups will continue in their functions in FFY 2024. The workgroups in place are continuing to establish their functions and purpose as the team prepares for Round 4 of the CFSR. The current workgroups are CQI Exit Meetings, CQI Manual, and Data Analysis. A new work group was formulated to identify and engage stakeholders within the agency who can be active members in the CQI process. The Stakeholder workgroup is working on identifying stakeholders from varying backgrounds and experiences to begin engaging in conversation about agency practices and ideas for improvement.

The CQI team continues to work on target case reviews related to Placement Stability and are to assess the reasons for placement changes within the first thirty days, which is where the highest percentage of placement changes occur based on administrative data.

During the 2020–2024-time frame, the DCFS has worked to maintain quality reviews. Although the current CQI Team is reduced in number, the work that is produced from the remaining CQI Consultants continues to be of a quality that allows for minimal feedback from federal oversight. The CQI consultants who remain are a seasoned staff of consultants with a multitude of years of experience in all levels of case review and quality assurance. The CQI managers continue to work on increasing the number of staff to allow for additional analysis of data and to ensure the continuation of multiple levels of feedback loops.

Planned Enhancements for FFY 2025-2029: The DCFS will take measures to sustain its ability to conduct state led case reviews by continuing to enhance interrater reliability among reviewers. The DCFS will also work to build capacity in team members while ensuring attrition planning and continuing to develop those staff who serve in QA roles. This will allow flexibility in case assignments and by developing workgroups to explore and recommend improvements to the overall case review process. CQI will continue to play a vital role in assisting the Department in establishing and maintaining bi-directional feedback loops which will be used to disseminate information to internal and external stakeholders.

OSRI

The CQI Team will conduct the Round 4 CFSR case review process and ensure all measures are taken to adhere to the guidance provided in Appendix A: State-Led CFSR Case Revie Criteria. The CQI Team will play an integral part in the development and leading of work surrounding the Statewide Assessment inclusive of the development of surveys, ad hoc reviews, focus groups, and work groups. If through the CFSR Round 4 process it is determined that Louisiana requires a PIP, the CQI Team will have a strong presence in the development, implementation, and monitoring of the PIP.

The DCFS will ensure the following actions to maintain the QA/CQI system:

YEARS 1-5: FFY 2025 - 2029 Action Steps	
Data will inform the work of all Division Programs and Practices and the shift to more data informed practice will improve the outcome measures of safety, permanency, and well-being.	• Each quarter this year, CQI will distribute a data report that shows each region's current performance on CQI review outcomes and Item measures in comparison to our prior year data and highlight areas where significant (10% or more) increases or decreases have occurred. • Based on the measured performance, CQI will offer feedback on trends to assist the regions in determining how to narrow remediation measures to address the concerns. • All Programs will have CFSR outcome measures data available to them quarterly to inform management and staff of case practice. • An increase in the availability of data will provide regions with more recent case practice to inform the regions of what areas of practice may need additional attention through training, coaching, or mentoring. • An increase in the frequency of available data and feedback on practice will assist the regions in addressing practice issues more readily, which will help with an improvement in outcome measures. • By 2026, a 10% increase in substantially achieved for all statewide outcome measures for 1st quarter 2026 (RP1 2026) compared to baseline measures (RP1 2024).
Maintain and enhance the QA/CQI system.	Maintain Louisiana CQI foundational structure by: • Continuing the use of a CQI team to conduct case reviews and QA of CFSR case reviews during a six-month review period completing at least the minimum number of required cases. • Continuing the use of a CQI team to conduct targeted reviews for identified areas of need. • Ensuring that as attrition occurs that new staff are brought on expeditiously to allow for training and coaching from seasoned staff. • Continuing a case review process that meets all requirements as set forth by the Children's Bureau. • Continuing the use of state and regional level CQI teams to ensure the continuation of feedback loops. Maintain a quality data collection system that meets all requirements for the case review process. Continue on an ongoing basis to enhance interrater reliability in the case review process through quarterly mock exercises, regular trainings and biweekly support calls.

	Continue to provide analysis and dissemination of quality data through: • Providing data presentations and holding discussions during state level and regional CQI meetings. • Continuing to conduct consultations with workers and supervisors on cases immediately following the case review process. • Exploring and creating opportunities to create bi-directional feedback loops in an effort to facilitate open communication inclusive of stakeholders, including staff, providers, those with lived experience, and other community partners. • Continue to provide aggregate data to internal and external stakeholders upon request. Continue to promote the use of data in meetings and presentations to encourage discussions and solicit feedback from stakeholders to be used in efforts to improve practice and outcomes. Monitor the CQI process in Louisiana and make any changes necessary to maintain the integrity of the process.
Conduct the Round 4 Child and Family Services Reviews through a state-led review process.	Conduct the Child and Family Services Reviews through a state-led review process, following all expectations of a state-led review as outlined in Appendix A: State-Led CFSR Case Review Criteria. Assist in the development of Ad hoc/targeted case review processes, surveys and work groups to assess for the agency's substantial conformity to Systemic Factors for the Statewide Assessment. If following the CFSR time frame, it is determined that a Program Improvement Plan is needed, assist the department in the development, implementation and monitoring of its Program Improvement Plan (PIP) to ensure bi-directional feedback loops are included that will allow for the dissemination of information to internal and external stakeholders.

QA/CQI Update FFY 2025: The DCFS continues to maintain a CQI foundational structure that includes a case review process with secondary oversight by the Children's Bureau, quality data collection and dissemination of data, as well as active inclusion of internal and external stakeholders to inform feedback loops. The CQI Team Structure now consists of one Child Welfare Manager 2, one Child Welfare Manager 1, and eight consultants whose role is conducting CQI reviews with two additional consultants who have shared CQI and Planning responsibilities. The DCFS continues to be fully committed to ensuring a full CQI process and continues to ensure quality reviews are produced through use of interrater reliability activities. Individual exits are held on each case review conducted and data is then rolled up by region and by state to provide

regional specific as well as statewide data to staff, stakeholders, and management during meetings where feedback is also captured to begin exploration into root causes. The information is shared with State Office Programs and Training to determine how the data and staff feedback can be used to address practice concerns identified through training and consultation. The Continuous Quality Improvement team consistently uses the most current federal review instrument in the case review process for all Louisiana regions. Louisiana uses the federal Online Monitoring System (OMS) to enter the ongoing CQI case reviews. Case Reviews are selected for all jurisdictions where the services in the CFSP are provided. For the 2nd review period of FFY2024, 66 cases were reviewed for the 6-month review period with 40 foster care and 26 in home services cases. For the 1st review period of FFY2025, 56 cases were reviewed with 35 foster care and 21 in home services cases. The ongoing reviews are inclusive of case related interviews with key participants including workers, supervisors, parents, foster parents, and children, when age appropriate. The staff review, analyze, and evaluate data pertaining to the seven outcomes for safety, permanency, and well-being for children in Louisiana. To ensure interrater reliability the team continues to conduct Quarterly team meetings to discuss case practices and ensure conformity to review expectations. Louisiana completed the Statewide Assessment and submitted it to the Children's Bureau on 1/31/25. Louisiana prepared for Round 4 of the Child and Family Services review and began the CFSR case reviews on 4/1/25.

At the onset of FFY2025 and to better enhance the work of CQI, the CQI unit was moved under the Deputy Assistant Secretary of Child Welfare Programs. This realignment is to allow for more fluid communication and planning of State Office efforts to assist frontline staff and management on implementation of needed support and consultation through the programs.

QA/CQI Planned Activities FFY 2026: CQI reviews will continue in FFY 2026 as this is an ongoing consultation and support process. Louisiana will complete the federal CFSR reviews and begin the work on developing a PIP in any area where it is not found in substantial conformity. Information received from reviews will continue to be presented bi-annually at the Regional Summits to assist in identifying performance trends, areas that need improvement and to maintain communications through established feedback loops. Louisiana will continue to provide quarterly progress and data reports after each quarter of consultations and case reviews to State Office Management and Program Leads, CIP, and to Regional Management. Programmatic meetings will also continue for State Office program leads and the CQI team to discuss findings, plan for the Child Welfare Summits, and to discuss any program needs. Individual Case Exit meetings will continue with CW frontline staff to discuss findings and plans for improvement.

Staff and Provider Training –The Louisiana Department of Children and Family Services (DCFS) is committed to supporting a competent, stable workforce as a top priority. Through the Louisiana Child Welfare Training Academy (LCWTA) strategic partnership (involving the DCFS, the Louisiana Universities Alliance, and the Pelican Center for Children and Families), Louisiana continues to expand the resources available to support child welfare training and workforce development. The LCWTA is committed to aligning and maximizing human, fiscal, technological, and programmatic resources to support high quality training and professional development of students, staff, foster and adoptive parents, providers, legal stakeholders, and other key community partners and working closely with the DCFS staff to advance critical child welfare workforce investments. This includes supporting initial and on-going training and professional development of the DCFS child welfare staff and foster and adoptive parents/providers as well as expanding training and professional development opportunities for legal stakeholders and other key partners.

For an update and activities planned on **Staff and Provider Training**, please refer to the **Training Plan** on pages 214-244.

Service Array – The Louisiana Department of Children and Family Services (DCFS) Child Welfare (CW) program provides an array of services. These services assess the strengths and needs of children and families, determine other service needs, and address the needs of families as well as the individual children in order to create a safe home environment, enable children to remain safely with their parents when reasonable, and help children in foster and adoptive placements achieve permanency.

The state's CW service continuum/service array includes:

- Centralized Intake (CI) for intake, screening and referral including Human Trafficking (HT);
- Child Protective Services (CPS) for the assessment of reports of abuse/neglect;
- Family Services (FS) for in-home services when it is safe for a child to remain in the home;
- Foster Care (FC), Services to Parents (SP), Kinship Care (KC), Guardianship Subsidy, Chafee Independent Living Services, Adoption (AD), Education Training Vouchers and Extended Foster Care for out-of-home services;
- Home Development (HD) for the recruitment, certification and retention of foster/adoptive parents;
- Day Care (DC) services are provided in collaboration with LDOE:
    - to prevent removal and provide for the safety of children served in the CPS and FS cases as well as children remaining in the home with the parents in SP cases where at least one child has entered foster care; and,
    - to stabilize placements of children in foster home settings as well as ensuring children of minor parents who are in foster care have the care needed while the minor parents achieve educational goals and seek normalcy;
- Interstate Compact on the Placement of Children (ICPC) for cross-jurisdictional placement services to children in out-of-home placements or being adopted;
- Residential and Behavioral Health Care for children who are unable to live in family/home-based settings.

Services are provided in all political jurisdictions throughout the state, which encompasses 64 parishes divided into nine regions. While a DCFS CW office is not located in all 64 parishes, they are located in 42 parishes statewide. Individuals who live in parishes where there is no CW parish office are still served in their parishes of residence by the DCFS staff housed in neighboring parishes having offices. If travel for other services is required, the DCFS provides transportation as resources allow.

The service array is provided through a number of specialized services and collaboration with community partners. Some examples include: a contract with the Language Line to serve clients with limited English proficiency; a drug screening contract allowing for a variety of screening options as needed to identify drug usage by parents; paternity testing contracts utilizing labs across the state to identify fathers; and, partnership with the Louisiana State Police to provide national, fingerprint based criminal background clearances on children's caregivers and staff. Additional

information on other specialized services can be found in the sections on CPS, Prevention and Intervention, and Chafee within this plan.

Preventative services are provided to families through the DCFS Family Services (FS) program. The philosophy is each child should remain in the home if the family is able to meet the child's safety and other basic needs. The purpose in serving intact families is to prevent the unnecessary separation of the children from their families by identifying challenges to parental protective capacities, assisting families in improving parental protective capacity, and preventing the breakup of families when a child can be cared for safely in the home. FS workers complete a comprehensive assessment of the family identifying the unique needs, strengths and protective capacities of the family.

Foster care is a planned, goal-directed protective service for children and their parents who must live apart because of child abuse, neglect, or special family circumstances necessitating out-of-home care. Foster care services are intended to be an interim process to provide care for a child until the child is reunited with his family or until another permanent living situation is provided. The department provides services to parents whose children are in foster care in order to enhance their parental protective capacities and remove the safety threats resulting in the children's removal from the home. This portion of the foster care program is referred to as the Services to Parents (SP) program. The department assists families in the SP program through teaming to develop a network of support through extended family, friends, and their community to sustain family functioning once reunification is achieved. If unable to achieve reunification, the program serves families by maintaining connections with the child until another permanency goal is achieved.

Services offered to children in foster care, regardless of their age, are provided to ensure safety, promote permanency and sustain child well-being. Services are provided statewide in 64 parishes through 9 regional offices and 42 parish offices. Through concurrent planning, efforts are made to place children with families who can provide permanent placements for them should they be unable to return to their parent's custody. This involves placing children with relatives who are willing to adopt or accept custody or guardianship of the child or with foster parents who are dually certified as adoptive parents and willing to accept legal risk placements.

The goal of the DCFS Adoption Services (AD) program is to provide permanency for children through adoption. Foster care (FC) adoption is a permanency option for children who cannot safely return to their biological families. The goal of adoption is pursued as a permanent plan when the court of jurisdiction determines the child's family is either unable or unwilling to resume care of the child, and the child's needs for safety, permanency and well-being are best achieved through adoption.

The Extended Foster Care Program (EFC) seeks to provide young adults with individualized and age-appropriate support needed to successfully transition to adulthood. EFC provides an age-appropriate program that is distinct from the services provided to youth under age 18 and acknowledges that young people in EFC are adults.

The EFC Program includes placement, services, and case management allowing young adults to experience age-appropriate freedom and independence while continuing to receive guidance and support. As young adults are supported in developing the skills and competencies needed to enter adulthood, they will also be supported in achieving permanency and solidifying their supportive

connections with family and adults. The program seeks to be flexible and responsive to the needs of young adults, so they receive the support needed to thrive as they enter adulthood.

The eligibility criteria for EFC is below:

1. Adjudicated as a Child in Need of Care (CINC)
2. Aged out of foster care on 18th birthday
3. Currently 18-21 years old.
4. Meets one of the following:
    - Enrolled in a secondary educational program or program leading to an equivalent credential
    - Enrolled in an institution providing postsecondary or vocational education
    - Participating in a program or activity designed to promote employment or remove barriers to employment
    - Employed at least eighty hours per month
    - Incapable of educational/employment activities due to a medical condition

Extended Guardianship Subsidies and Extended Adoption Subsidies are also offered to youth who enter a guardianship arrangement or are adopted between ages 16 and 18 from foster care who were eligible and began receiving the Guardianship Subsidy or Adoption Subsidy at the time of the guardianship arrangement or adoption. The extended subsidies may be provided to the youth's guardian or adoptive parent, if they continue to provide financial support to the youth, to provide for the ongoing care of the youth up to the youth's 21st birthday. For families to receive the extended subsidies their youth must meet the same criteria as youth eligible for the EFC program.

Primary services for FS and SP families are provided through the Family Resource Centers (FRC). These services include parenting classes, visit coaching, family skill building, kinship navigator and My Community Cares (MCC) services.

Medical, dental and behavioral health care services are provided through the DCFS and LDH collaboration to children and youth in FC, AD, and EFC, primarily through Medicaid and the LDH contracted Managed Care Organizations. A few children have private healthcare coverage, and non-Medicaid covered services are provided through the DCFS allocated State General Funds to meet the care needs of the children and youth.

The service array is individualized to meet the unique needs of children and families served by the department. The DCFS CW individualizes the service array through an assessment process initiated when the department first becomes involved with children, youth and families. This assessment process is ongoing throughout the life of a case. In the upcoming 2025 - 2029 plan years, the DCFS will continue to collaborate with stakeholders to fully analyze all the assessment processes utilized by the department. The goals of this analysis include continuation and incorporation of the Child Welfare Assessment and Decision Making Model.

The DCFS and the Louisiana Department of Education (LDOE) have worked together statewide to implement the federally recognized program, Every Student Succeeds Act (ESSA) requirements. Both departments have developed liaisons to manage communications more effectively to assist children in achieving improved educational outcomes. These efforts and partnerships will continue to ensure children in foster care have coordinated service delivery between the DCFS and their school system to maximize access to appropriate educational services.

Early Periodic Screening, Diagnostic, and Treatment (EPSDT) services are provided through the child's Medicaid provider. The LDH, Medicaid managed care programs established a medical home for all children receiving Medicaid. This includes children in foster care. This ensures coordinated medical care and better access to medical records. The primary care physician is able to monitor the child's developmental needs as well. Through collaboration with LDH, the Office of Citizen's with Disabilities (OCDD), Early Steps screenings are provided to identify early signs of developmental delays and establish appropriate services.

The DCFS has specific policy to provide practice guidelines on assessing and working with Substance Exposed Newborns (SEN) and their families. The policy provides guidance on conducting a thorough assessment of the infant, caregivers and the environment in order to determine what services, if any, are appropriate for the family. The DCFS medical director also provides reviews and guidance.

An Infant Mental Health/behavioral health screening tool was developed for children age five and under to assist workers with identifying behaviors which indicate further assessment and treatment might be needed. All children are required by the DCFS policy to be screened unless they are already receiving early intervention, Early Childhood Support and Services (ECSS) or other developmental/behavioral health services. ECSS is a state program managed by the Louisiana Department of Health (LDH), Office of Behavioral Health (OBH) and provides a coordinated system of screening, evaluation and referral services and treatment for families of children ages 0 through 5 years who are at risk of developmental, cognitive, behavioral and relationship difficulties.

Two infant teams in the state in the Orleans and Baton Rouge regions provide infant mental health services. (For additional information on the Infant teams, please refer to the PSSF section of this plan.) The infant teams provide comprehensive services to children, ages 0-60 months whose families are involved with the DCFS due to maltreatment or prenatal exposure to drugs or alcohol. Comprehensive assessments include intake assessment, psychosocial assessment of caregiver and child, infant mental health assessment, developmental evaluation, neurodevelopmental evaluation and school/daycare observations. The infant mental health assessment is used to assess the caregiver-child relationship, develop a plan of intervention and work with the caregiver and child to improve the caregiving relationship.

The DCFS provides the necessary care and supervision to promote child well-being while seeking the best permanency option for the child. One of the ways in which the department does this is by limiting the number of children placed in foster/adoptive homes. The placement of a child in a foster/adoptive home is dependent on the type of certification, space within the home, number and ages of biological children within the home and the abilities and responsibilities of the foster/ adoptive parents.

Among the DCFS' certified foster/adoptive family homes, there are specialized family homes that are required to meet or exceed the Department's minimum requirements for family foster homes. They are required to possess or develop skills and abilities, which enable them to provide a specialized type of care to a specific category of children. Because of the specialized services required by some children foster/adoptive parents are required to adhere to certain restrictions regarding the age range, number, and extent of the special needs of the children placed in the home. Except for homes certified to provide care for large sibling groups, specialized family foster homes

typically have a maximum capacity of four children. Specialized foster parents certified to provide care for children with medical problems, handicapping conditions and/or developmental disabilities are certified for a minimum capacity of two children and a maximum capacity of four (age range can vary). Specialized recruitment efforts are employed when there is an identified need for a child of a particular age group or with a particular condition or disability.

The department's *A Journey Home* pre-certification training contains a child development component which focuses on separation and attachment, stages of development, impact of placement on children's growth and development; behaviors exhibited by abused/neglected children, discipline and behavior management. The DCFS foster parent handbook is provided to each foster/adoptive parent. Outlined in the handbook are the developmental milestones of a child, starting from infancy. The milestones are broken into the categories of infancy to six months, six to twelve months, twelve to eighteen months, eighteen to twenty-four months, twenty-four to thirty months, thirty to thirty-six months and then age three, four and five years.

Departmental policy requires case staffing reviews quarterly by supervisors and workers on each case in FC to require particular consideration in cases involving children ages five and under to ensure the young child's developmental level is being reviewed, appropriate services are being provided, level of risk is being thoroughly assessed, and appropriateness of concurrent planning completed.

During the next five years there will be a concerted effort to expand the network of therapeutic foster care providers, congregate care setting and residential treatment providers to meet the needs of our Child Welfare system and the children and youth in the custody of Louisiana. Efforts will be made to develop more specialized settings that can more precisely address the care needs of children and youth admitted to their homes. Child Welfare will work to connect existing providers to education and support to develop specialized skills and will also seek to procure new providers who demonstrate specialization. The DCFS will seek providers with expertise in caring for children who present with the following characteristics/circumstances/behaviors: emotional, behavioral, and adjustment disorders; medical conditions; physical developmental delays; cognitive limitations; conduct disorders; delinquency; serious criminal histories; maladaptive sexual behavior; high risk or have confirmed involvement in human trafficking. The DCFS will continue to work closely with the Louisiana Department of Health (LDH), which maintains responsibility and oversight of the network of behavioral health providers serving the state's Medicaid population.

Psychopharmacology consultations are conducted with the support of an interagency agreement between the Office of Behavioral Health and Child Welfare. This agreement allows the CW Medical Director to have physician to physician support on complex cases.

The DCFS has numerous methods to obtain stakeholder feedback and participation in the development and delivery of the service array. These efforts are accomplished in part through the CW CQI process.

For an update and activities planned on **Service Array**, please refer to the **Service Coordination** Section on pages 157-175.

Agency Responsiveness To The Community –

State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR: In implementing the provisions of Louisiana's Child and Family Services Plan (CFSP) and developing related annual reports, the Department of Children and Family Services (DCFS), Child Welfare Program (CW) engages in ongoing consultation with the state's four federally recognized Native American tribes, consumers, service providers, foster care providers, the juvenile court, and other public and private child and family serving agencies. The major concerns of these representatives are reflected in the goals, objectives, and annual updates of the CFSP. The department works closely with management staff, front-line staff and community partners to ensure goals from the CFSP are met. Concerns regarding performance measures and issues brought forth at both the statewide and regional level are addressed in the Continuous Quality Improvement (CQI) meetings or other regularly scheduled meetings. Departmental staff, community partners, and stakeholders work to improve service delivery by assessing current processes to determine the root causes of areas requiring improvement. The achievement of safety, permanency, and well-being is a primary consideration in ongoing efforts to continuously improve, learn, and adjust to accommodate the needs of the children and families of the state. Though not a comprehensive list, the partnerships detailed below represent efforts to be responsive to the community.

Tribal Representatives: There are four federally recognized Native American tribes in Louisiana; they are the Chitimacha, Coushatta, Tunica Biloxi and Jena Band of Choctaw Tribes. The DCFS State Office foster care staff provides Annual Progress and Service Report (APSR) documents to the tribal representatives for their input and review. Annual meetings between federal, state and tribal partners are held to discuss collaboration, planning and service delivery between the state and tribes. Local working agreements continue to be in place through tribal contact with the Area Directors. Copies of the agreements are maintained in State Office. The DCFS state office Foster Care staff maintain quarterly contacts with all federal tribes in Louisiana. The tribes are made aware of any procedural/policy changes regarding the Indian Child Welfare Act (ICWA) regulations. The department has designated a tribal liaison for the federally recognized tribes. The DCFS Child Welfare staff invite the tribal representatives to quarterly Continuous Quality Improvement (CQI) stakeholder meetings. The department also provides the tribes notice of all DCFS trainings statewide, as well as local foster parent recruitment and training activities.

For an update and activities planned on the **Tribal Representatives**, please refer to the **Consultation & Coordination between States & Tribes** portion of the plan on pages 203-207.

LEAF: The DCFS staff facilitates the Louisiana Elite Advocacy Force (LEAF), which is comprised of young adults who have exited from foster care. Through ongoing quarterly statewide LEAF meetings, communication is maintained, and feedback is obtained from the young adults. Regional LEAF meetings are held at least monthly.

LEAF Update FFY 2025: The LEAF Board, consisting of 11 members, held retreats in July 2024 and March 2025. In July 2024, members received Leadership training and had the opportunity to spend time in their assigned workgroups to discuss task completions, progress toward new tasks, etc. The LEAF members welcomed new members to the board and participated in team building activities. New officers were selected and voted into positions. Samantha LaCour became the new president of the LEAF Board. In March 2025, LEAF members gathered for another retreat in Dubach, La. The retreat focused on Team Building, Communication and finding ways to work successfully as a board. The LEAF board and some of the DCFS Transitioning Youth staff we

trained to become Mental Health 1st Aiders and received a 3-year certification. The LEAF board updated the language in the CFSR for submission to the DCFS.

Members of the LEAF Executive team continued to participate in quarterly Independent Living Coalition Meetings held May 17, 2024, September 12, 2024, December 15, 2024, and March 14, 2025. Some LEAF members have login access to the Life Skills Reimagined/LYFT online curriculum in order to complete modules themselves and give feedback about challenges, ideas for improvement, etc.

LEAF members continue to participate in monthly OTJT (On the Job Training) sessions for new hires in order to inform staff about the Foster Youth Bill of Rights and the work of the LEAF Board. In October 2024, the LEAF board assisted DCFS and IL with hosting Youth Summits in Alexandria and Loranger, La. The event was held in honor of Youth Voice month. The LEAF board offered a session during the Youth Summit to allow the youth to share their voice on their foster care experience and the youth's feedback was provided to the DCFS.

The LEAF board continues to maintain partnerships and provides advocacy for youth in care on the following platforms:

A Journey Home- Crossroads
National Network-Selfless Love Foundation
Together We Can National Conference
Grambling State University Annual Child Welfare Conference
Children's Cabinet Advisory Board- Vulnerable Youth Subcommittee
Children without Immigration Status Workgroup
Temporary Restraining Orders/ Protective Orders
Louisiana Children's Justice Act Task Force
Pelican Center for Children and Families Collaboration/Workgroups
Court Improvement Programs- Continuous Quality Improvement Workgroup
Youth Voice Workgroup
Resolution 606 Workgroup
CIP CARE Advisory Workgroup
Whole Health Louisiana

LEAF Activities Planned FFY 2026: In July 2025, the LEAF Board, in collaboration with Independent Living (IL) and DCFS, will host Youth Summits organized by the Tri-regions. The president of the LEAF Board and representatives from the Department of Children and Family Services (DCFS) are scheduled to attend the Selfless Love Foundation National Think Tank Conference, taking place on October 21-22, 2025, in Broomfield, Colorado.

The LEAF Board will expand its recruitment efforts by visiting each region to engage with the DCFS staff and youth, promoting awareness of the LEAF Board's initiatives. The LEAF Board is planning to present at the Together We Can conference in October 2025.

Juvenile Court: The working relationship between the department and juvenile courts continues to vary by region. An enormous cooperative effort among local courts**,** juvenile courts and state and parish agencies is required to comply with state and federal mandates. The department's management level staff maintains ongoing communication and/or collaboration with the juvenile court judges. Some of the judges from the Louisiana Family and Juvenile Court Association meet

quarterly with the DCFS Secretary and CW Assistant and Deputy CW Assistant Secretary. The judges set the agenda for the meetings. The progress and challenges from both sides (judges and agency) are discussed.

Citizen Review Panels (CRP): Louisiana has three Citizen Review Panels (CRP). The goal of each panel is to provide an opportunity for citizens to promote positive change for the safety and well-being of children. The panels meet, at a minimum, quarterly to discuss specific policies/procedures and in some instances, specific cases. The panels prepare an annual report, which is submitted within the state's APSR.

For an update and activities planned on the **Citizens Review Panel**, please refer to the CAPTA portion of the plan on pages 274-282.

University Alliance: The DCFS partners with the Louisiana Child Welfare Training Academy (LCWTA), which encompasses the Louisiana University Child Welfare Workforce Alliance (University Alliance), formed by eight public universities across the state with social work or related degree programs including: Southeastern Louisiana University (Southeastern) as the LCWTA Lead, Northwestern State University (NSU) as the University Alliance Lead, Grambling State University (GSU), Louisiana State University (LSU), Nichols State University (NSU), Southern University Baton Rouge (SUBR), Southern University New Orleans (SUNO), and the University of Louisiana at Monroe (ULM). The Pelican Center for Children and Families is included in the partnership as part of the Louisiana Court Improvement Program. The goal of the partnership is to support the DCFS in ensuring a stable, highly skilled and competent child welfare workforce to promote better outcomes for children and families. The LCWTA organizes and supports training opportunities for the DCFS staff, federally recognized tribes, foster caregivers, CASAs, legal representatives and other partners. Each partner supports this overall goal with projects specific to their targeted populations. For instance, the University Alliance recruits and prepares undergraduate and master's degree program students for work in child welfare. They also support current DCFS CW employees pursuing a Master of Social Work degree. As another example, the Pelican Center for Children and Families coordinates projects aimed at improving the quality of court hearings to ensure children, foster parents, relative caregivers and pre-adoptive parents participate in court hearings. They also design and implement training aimed at improving safety decision-making across systems using the advanced safety decision-making model.

For an update and activities planned on the **University Alliance**, please refer to the **Training Plan** on pages 214-244.

Child Death Review Panels: Through a data sharing agreement, DCFS provides LDH with data regarding child deaths in Louisiana. LDH secured a grant for prevention of violence and injuries, which will allow for a shared epidemiologist between the DCFS and LDH to review data to improve outcomes for children. There is a Child Death Review Panel (CDRP) within each of the nine regions. The DCFS participates on the panel. The LDH/OPH leads the CDRP meetings. Discussions are held to ensure all suspected cases of abuse/neglect are reported to the DCFS. The CDRP(s) throughout the state have participation of various Coroner's Offices, law enforcement, medical providers and other state and local entities. The DCFS plans to continue to strengthen the collaborative partnership with members of all Child Death Review Panels to encourage data sharing and ultimately increase the amount of data available from multiple resources in NCANDS reporting.

The department's establishment of partnerships such as outreach to the faith-based community and other partners is vital to accomplishing the mission of the Child Welfare programs. The inclusion of foster/adoptive parents, former foster youth, community partners and the pursuit of birth parent participation in the DCFS efforts at improvement are vital to the coordination of services, the way services are delivered, and implementing measures, which provide feedback from the community. The department recognizes this network of partnerships enhance existing strengths and core values while filling in the gaps which limit the community impact. Working together is integral to achieving improved outcomes for children, youth and families. The DCFS partners are crucial to building capacity and gaining access to resources within the local communities that will sustain those families when the DCFS is no longer involved. Teaming to create community partnerships is the only way to maximize limited fiscal and human resources for serving children, youth and families.

Child Death Panel Update FFY 2025: The DCFS continued collaborating with the Child Death Review Panel in an effort to review child deaths to better understand and prevent fatalities in Louisiana. Quarterly meetings were held to discuss and gather information on children's deaths from stakeholders and organizations within the state. The Child Death Panel Meetings were held in-person on March 26, 2024, June 25, 2024, December 10, 2024, and on March 18, 2025. The DCFS continued to develop and implement a comprehensive, statewide collaboration to prevent child maltreatment fatalities involving and engaging the Louisiana Department of Health, Louisiana State Police, Office of Vital Statistics, Louisiana Coroner's Association, the Attorney General's Office, State Fire Marshall, Louisiana District Attorney's Association, Louisiana Sheriff's Association, Louisiana Association of Chiefs of Police, the Ombudsman, and other stakeholders. Workgroups are formed, as needed, to address high risk cases (i.e. gun, safety, drownings, etc.).

Child Death Review Panel Planned Activities FFY 2026: The DCFS will continue collaboration with public and private stakeholders to ensure cases of child abuse/neglect are reported to the DCFS. The DCFS will continue to gather and report information on child maltreatment to the Child Death Review Panel in an effort to prevent or reduce child fatalities. The DCFS will continue work on the comprehensive statewide plan to prevent child maltreatment by participating in the Child Death Review Panel while also completing internal reviews of fatalities, holding monthly child fatality review meetings, case crisis reviews, and yearly statewide review of fatalities by the DCFS leadership team.

Foster and Adoptive Parent Licensing, Recruitment and Retention: The Department of Children and Family Services (DCFS) Child Welfare (CW) – Home Development (HD) Program holds responsibility for certifying and re-certifying foster/adoptive family homes to meet the placement needs of children in the Louisiana foster care (FC) system. These homes are required to meet the department's prescribed minimum licensing standards for the health, safety and well-being of children placed in foster care, as well as those children, which become available for adoption. These families are dually certified to foster and adopt. The overall certification process is conducted by means of a home study, pre-service training and mutual assessment. The re-certification process involves assessing whether the home continues to meet licensing standards, providing support to the family, and addressing any identified issues/concerns. A family can be re-certified on an annual basis or a three-year basis. There are various types of family homes; each requiring a particular level of expertise and skill necessary to meet the care needs of the child placed in the home.

The Recruitment and Support Manager worked closely with the DCFS Communications team on revisions to portions of the DCFS website that are dedicated to foster caregivers. In November 2023, the Foster Care Navigator page was launched to serve as a hub of information for prospective foster caregivers and prospective community supporters. The new Foster Care Navigator page includes:

- A compilation of foster caregiver testimonial videos
- Minimum requirements for foster parent certification
- Foster parent roles and responsibilities
- Commonly asked questions about foster parenting and the certification process
- A link to an online interest form to register for Foster Parent Orientation
- A link to additional resources for foster caregivers

In late 2023, the DCFS Communications team began working on major revisions to the foster caregiver support page on the DCFS website. The Foster Care Fact Sheet, a list of frequently asked questions with direct links to DCFS policy, was launched in early 2024. The Recruitment Manager continues to work with the DCFS Communications team on website revisions. The new and improved foster caregiver page will include the following information, organized by topic with icons:

- List of community partners and resources within each region, including:
    - Louisiana Foster Caregiver Mentor Program
    - Louisiana Parent Line
    - DCFS Foster Caregiver Support Line
    - Mobile Crisis Services
- Links to DCFS policy and common forms used by foster families
- General information about training requirements and links to online training resources
- Link to locate a Medicaid provider
- Link to locate a Type III Child Care Center
- Link to Court Resources for Foster Families
- Link to Quality Parenting Initiative resources
- Information to guide families through the first week of their first placement
- Training resources

The Online Interest Form was developed to assist Home Development with accommodating large volumes of prospective foster parent inquiries. The goal of the Online Interest Form is to provide an automated foster parent inquiry process, where families are able to proceed to the next step of the certification process. The Online Interest Form allows prospective foster families to inquire about fostering and register for Orientation 24 hours per day, 7 days per week. The form was launched in November 2023. From November 2023 to March 2024, over 600 prospective foster caregivers inquired through the interest form.

In its current state, the Online Interest Form collects necessary information for the Regional Home Development team to open the family as an inquiry in TIPS/LARE. Families are prompted to register for the Foster Parent Orientation as the next step in the inquiry process. Once the form is submitted, the prospective family receives an email with a Zoom link to participate in Orientation. Simultaneously, the Regional Home Development Mailbox receives an email notification of the family's inquiry.

Home Development continues to adjust the Foster Parent Handbook with policy updates and new programs when implemented.

The DCFS utilizes the Louisiana Adoption Resource Exchange (LARE) subsystem of the Tracking, Information and Payment System (TIPS) to maintain foster/adoptive parent certification data (e.g., the date of inquiry, orientation, application, clearances, training sessions, certification, closure, capacity, age range of child, as well as, newly certified relative and/or closed homes). In addition to the information tracked in LARE, on a monthly basis and regional and state reports are generated via WebFocus. These reports are shared with the regions (who also have ongoing access to the data) to review and interpret participation, timeliness of case activities and to identify trends. The reports capture: the number of new certified foster/adoptive families, number of closures, total number of homes; number new certified child specific families, number of closures, total number of child specific families; and combined total number of foster/adoptive and child specific families. The information is summarized in a statewide internal tracking document. This tracking document provides a means to compare regional data and assist in determining how the regions are progressing toward increasing the overall number of certified families, as well as meeting regional recruitment/retention goals. All of this information is planned for recording, tracking, and reporting in the CCWIS system when completed.

Regional HD recruitment/retention plans include an annual needs assessment (demographics and placement needs of children within the region), goals/objectives, method of recruitment (general, targeted, child specific), orientation/pre-service training schedule, and the recruitment budget. The region's annual plan is used to review and/or monitor the following:
1) Identified placement needs;
2) Types of available homes;
3) Strategies for increasing the number and types of foster/adoptive families; and,
4) results/outcomes

One of the overarching and consistent goals of the HD program is to have a continuous increase in the overall number of certified foster/adoptive families. In an effort to meet this goal, there is a targeted goal of a 2% statewide increase of families annually.

Recruitment: Recruitment is a joint departmental and community effort. During FFY 2024, the DCFS initiated the development of the Foster Caregiver Recruitment and Support Program, which provided one Foster Caregiver Recruitment and Support Consultant for each of the nine regions statewide. The Foster Caregiver Recruitment and Support Consultant is responsible for taking the lead in recruitment-related activities. There are three types of recruitment methods: general, targeted and child specific. General recruitment is designed to educate the community about the purpose, goal, policies/practices of the agency regarding foster care/adoption; the types of homes needed to provide temporary/permanent placements for children in care; and certification requirements. Targeted recruitment is a community-based approach to seeking out potential foster/adoptive families ensuring awareness of any specific care needs of the children and youth seeking foster/adoptive homes. Targeted recruitment also involves the recruitment of specific population groups who are equipped to meet the specific needs of children and youth in foster care. This includes targeted recruitment efforts with medical professionals, educational professionals, first responders, recreational sports organizations, and other specific populations within the community. Child specific recruitment is used to bring about awareness within the community about the placement needs of a specific child and/or sibling group who are available for adoption

but have no identified adoptive resource. Child focused recruitment is the recruitment method used by the Wendy's Wonderful Kids (WWK) recruiters. In child-focused recruitment, the recruiters build relationships with the child and the child's network in order to find a forever family best fitting the child's need. Recruitment plays a vital role in the achievement of permanency for children awaiting adoption. The regions throughout the state do general recruitment through community events based on a review of AFCARS data. Foster Caregiver Recruitment and Support staff will develop a plan to review AFCARS data quarterly to assist the regions in developing recruitment plans targeting the foster parents needed to care for the children/youth in care in that area.

Retention: Retention is another important aspect of the certification/re-certification process. The retention of certified foster/adoptive families involves two processes: working with foster/adoptive parents as partners in permanency planning; and providing families with identified support services. HD staff conduct support visits in the homes of certified foster/adoptive parents. The Foster Caregiver Recruitment and Support Program provides an additional layer of support for certified foster caregivers. The DCFS continues to send QPI webinars and training resources out to foster caregivers monthly Foster Caregiver Recruitment and Support Consultants (RSC) serve as an ongoing point of contact for foster caregivers who have questions or support needs. Each regional RSC ensures that all foster caregivers are connected to community resources and peer support. The RSC is also available to serve as a mediator between the foster caregiver and the DCFS staff in times of conflict. RSCs maintain a report of foster caregiver concerns and complaints and provide this information to local and state leadership. Other methods utilized to retain foster/adoptive families include annual selection of a foster/adoptive parent(s) of the year; foster parent appreciation month; meetings between executive management and foster parent associations; participation of foster parents in trainings offered by the Louisiana's Child Welfare Training Academy (LCWTA); and encouraging foster/adoptive parents' participation in the Continuous Quality Improvement (CQI) process. Louisiana's goal is to engage and strengthen support of foster families in an effort to improve the retention of foster/adoptive homes.

Standards Applied Equitably: The DCFS policy ensures foster/adoptive applicants meet prescribed minimum standards for the safety, health and well-being of children entering foster care and adoption. In cases where families do not meet a particular licensing or agency requirement, the home may be certified with a licensing waiver or policy exception under specific circumstances (as outlined in departmental policy). The waiver requests were for the following requirements: marital status, age, medical, case clearance (valid), fingerprints, criminal, bedroom space, and safety fire inspection.

QPI has been implemented in each region of the state. The Foster Caregiver Court Progress Form continues to be used by foster parents to share updates about the child and the case when they are unable to be present at court hearings. "Comfort Calls" and "Icebreakers" continue to be used throughout the state to strengthen relationships between foster parents and birth parents.

Requirements for Criminal Background Checks: The regional HD Units ensure criminal background clearances (CBC) are conducted on individuals interested in providing care and supervision of children placed in state custody. CBCs are conducted on all household members 18 years and older. However, the law excludes youth participating in the EFC program. This is a safety requirement for all certified homes. Children are not placed in homes or kept in situations

where a criminal clearance reveals there is a conviction for legally defined crimes. If criminal clearances cannot be positively updated for existing certified homes, the homes are closed.

The HD section in State Office reviews WebFocus data reports monthly to determine compliance with certification and re-certification timelines, as well as timeliness of required criminal clearances, child abuse and neglect clearances and medical exams. State Office consultants share the monthly reports with regional, home development units and regional leadership in efforts of meeting specified timeframes, identifying trends and developing plans for bringing overdue case events into compliance.

Diligent Recruitment of Foster and Adoptive Homes: Foster Caregiver Recruitment and Support Consultants (RSC) lead recruitment efforts in their assigned regions. RSCs work with the local Home Development Unit to develop annual regional written recruitment plans according to the Department's recruitment and retention plan policy guide. The regionally proposed plans are approved by the Area Directors and State Office Recruitment and Support Manager. Louisiana continues to use the Developing Recruitment Plans Toolkit from the National Resource Center for Diligent Recruitment. This has improved the needs assessments used to determine the demographics, needs, and placement requirements for the children in each parish and expanded it to include comparison of the data regarding current certified foster parents. A comparison of the children in care to the certified foster families allows for a much more accurate view of the specific types and locations of homes needed. The plans include goals and objectives in recruiting additional resource families for targeted areas of need, retaining and supporting currently licensed families, and responding to and retaining prospective resource families during the inquiry to licensing phase of the process. The plans detail methods of recruitment, in addition to action steps, periods, persons responsible, and outcomes. Each specific recruitment method identified in the regional plans is linked to the data regarding children in foster care and certified foster parents. These plans are reviewed quarterly along with updated data to determine continued accuracy.

The DCFS collaborates with the faith-based community to assist in the recruitment of foster parents who believe in the QPI philosophy. The DCFS has also included in the updated recruitment plans for many regions to utilize their current foster parents as recruitment resources by having them co-train and speak in the pre-service training classes and orientations. The foster parents chosen to speak are those accepting or having experiences with the group of children recruitment is needed for within the area.

Through the expansion of the WWK program, the state now has a recruiter for every region. The recruiters target recruitment efforts for children with the goal of Another Planned Permanent Living Arrangement (APPLA). The goal of this work is an increase in adoptions for hard-to-place children and youth.

The DCFS now provides a two-tier rate adjustment for Therapeutic Foster Homes. This initially served as a mechanism for more adequate reimbursement of foster caregivers for the level of care necessary to meet the needs of the department's most medically, developmentally and/or behaviorally challenged children. It is now also a recruitment tool to develop more specialized homes for specific populations of children requiring specialized care. Efforts continue by the DCFS to support recruitment in collaboration with TFC providers to recruit additional TFC homes to serve children who have development delays, have been involved in sex trafficking, have serious conduct/behavioral issues, are older youth, and youth who have histories of sexual aggression.

The DCFS continues to have a cooperative agreement in place with a private agency to provide supportive services for foster caregivers. This organization is tasked with developing and overseeing a peer-to-peer foster caregiver mentor program for new foster caregivers or other foster caregivers needing extra support. This organization also assists with the development of supportive services for foster caregivers in communities across Louisiana by providing support for existing foster care support organizations and guidance for new organizations.

Child Specific Recruitment: The WWK model focuses on child specific recruitment for older youth and/or children who have been available for adoption for more than one year, or for whom no permanent adoptive resource has been identified, or children age 12 and older who at the time of legal availability for adoption do not have an identified adoptive resource. The recruiters work in collaboration with the DCFS adoption staff, the identified child and the child's foster parents and any other person significant in the child's life.

The DCFS collaborates with the Louisiana Heart Gallery (LHG) to recruit adoptive homes for children who are freed for adoption in the state of Louisiana. They photograph and video children who are freed for adoption. The photographs are displayed at events throughout the state and the videos of the children are shown at the adoption session of the foster parent pre-service training, as well as at different events throughout the state. Foster Caregiver Recruitment and Support Consultants will work with their assigned region's Home Development and Adoptions units to organize Adoption Exchange meetings where Adoptions staff and Wendy's Wonderful Kids staff can present available children and youth to Home Development and determine if any currently certified families or families in the certification process could be considered as adoptive resources.

Cross-Jurisdictional Resources for Permanent Placements: Louisiana has put in place a process for the effective use of cross-jurisdictional resources to facilitate timely placement for waiting children. The ICPC database is used to track overdue home studies and colleagues in other compact offices are cooperative when inquiries are made regarding pending studies. However, there are concerns about delays in achieving permanency for children with cross-jurisdictional resources. Some contributing factors include staff retention, training of new staff, high caseloads, licensure of relatives by some states and a low priority assigned to interstate home studies. The agency implemented the National Electronic Interstate Compact Enterprise (NEICE). NEICE streamlines and enhances the ICPC business process by electronically exchanging data and documents from one state's jurisdiction to another. To minimize placements delays with parents, a provision in Regulation 2, "Public Court Jurisdiction Cases" adopted by the Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC) allows the court to place children with the non-offending parent and terminate jurisdiction without invoking the compact. Another strategy for minimizing delays in permanency can include expanding the use of "purchase of service" contracts for home study completion across state lines. Privately licensed agencies typically have lower caseloads in comparison to public state agencies and therefore require a shorter timeframe to complete home studies.

Diligent Recruitment of Foster and Adoptive Homes Update FFY 2025: In February 2025, the Foster Caregiver Recruitment and Support Team met with staff from the National Center for Diligent Recruitment to draft regional foster caregiver recruitment and retention plans for each of the nine Regions of the DCFS. From this work, the recruitment and support team identified primary recruitment and support goals to be included in all regional plans based on foster caregiver recruitment and retention data and child data for the calendar year 2024. Following this meeting,

the Foster Caregiver Recruitment and Support Consultants, in conjunction with the Manager for Foster Caregiver Recruitment and Support, finalized the following recruitment and support goals:

Recruitment:

1. Increase the number of certified foster caregivers who welcome children ages 12-17 by 7-10 families.
2. Increase the number of certified foster caregivers for children of all ages by a net of 40 families.
3. Increase the number of certified foster caregivers for children with special needs by 3-5 families.
4. Increase the number of certified foster caregivers for sibling groups of 3 or more by 3-5 families.

Based on feedback from regional management, the number increases for these goals were modified by the regional recruitment and support consultants in order to reflect achievability. Several strategies were selected to support these goals and the action steps needed for each strategy were identified. This information was captured in the Regional Recruitment and Support Plans by the Regional Recruitment and Support Consultants. After the Manager for the Recruitment and Support team reviewed the plan, it was submitted for review to the Program Manager 2 in March 2025. Once reviewed and approved, these regional plans will serve as the primary measure of success for the Recruitment and Support team throughout calendar year 2025.

Support:

1. Retain at least 90% of the generally certified foster caregivers certified within the calendar year 2025 who accept children 12-17 for a period of at least two years from the date of certification.
2. Increase the number of certified foster caregivers for children of all ages from a net of 20 families (the average net increase per region for calendar year 2024) to 40 families in 2025.
3. Enhance support for child specific caregivers in order to reduce unplanned moves for children.

Several strategies were selected to support these goals and the action steps needed for each strategy were identified. This information was captured in the Regional Recruitment and Support Plans by the Regional Recruitment and Support Consultants. After review by the Manager for the Recruitment and Support Team, these plans were submitted for review to the Program Manager 2 in March 2025. Once reviewed and approved, these regional plans will serve as the primary measure of success for the Recruitment and Support Team throughout calendar year 2025.

Diligent Recruitment of Foster and Adoptive Homes Planned Activities FFY 2026: The Foster Caregiver and Support team will implement the strategies identified in the Regional Plans that support the recruitment and retention goals listed. The Manager will review recruitment and retention data monthly to track progress. The Manager will also meet with each Recruitment and Support Consultant on a monthly basis to review this data. Prior to January 1, 2026, the Recruitment and Support Team will meet to conduct an end of year review to assess overall progress and to debrief on strategy effectiveness. Prior to January 1, 2026, the team will also draft regional recruitment and retention plans for calendar year 2026.

Overview and Assessment of Recruitment and Retention: Data and Tracking of Recruitment and Retention: The average number of certified foster homes in Louisiana will continue to be monitored and the data will continue to be tracked as it has been in the past (2020- 2024). For FFY 2020-2024, a goal of 2% was set to increase the number of new foster homes annually. This goal of 2% per year will continue through 2029.

FC/AD & HD Outcome Measures	Baseline (FFY 2024 data)	Year 1- 2025 APSR (FFY 2025 data)	Year 2- 2026 APSR (FFY 2026 data)	Year 3- 2027 APSR (FFY 2027 data)	Year 4- 2028 APSR (FFY 2028 data)	Year 5 - 2029 Final APSR (FFY 2029 data)
		Improvement Goal (IG) &Actual Performance (AP)	Improvement Goal (IG) & Actual Performance (AP)	Improvement Goal (IG) & Actual Performance (AP)	Improvement Goal (IG) & Actual Performance (AP)	Improvement Goal (IG) & Actual Performance (AP)
Increase number of new foster/adoptive families certified	*467 Total	IG: 476 AP: 564	IG: AP:	IG: AP:	IG: AP:	IG: AP:

**This number reflects the number of homes certified from October 1, 2023, through April 30, 2024. During FFY 2023, 845 new foster homes were certified statewide.*

Annually, each of the nine regions develop targeted recruitment plans based on regional data of their current foster families and numbers and ages of children in care. While families were being certified, it was noted not all regions had the numbers and types of families to meet the needs of the children and youth in their regions. As of March 18, 2024, there were 4,142 children and youth in foster care statewide, with 638 (15%) being youth between the ages of 15-17. Statewide, there were 115 generally certified foster homes who were willing to accept youth between the ages of 15-17, with 56 reported vacancies. In discussions with Home Development Supervisors and Managers statewide, the total number of reported vacancies is typically much higher than the actual number of homes available for the following reasons:

- Some families express an interest in accepting teenagers but then refuse to accept placement when called.
- Some families opt to expand their age range of placement preferences if they have a negative experience.
- Some families have a broader age preference range at the time of certification, and accept placements based on immediate need. Vacancies for older youth are not "reserved". If placement is needed immediately for a younger child, they will accept the child for placement.

As of March 18, 2024, there were 1,589 children and youth in foster care who were members of a sibling group of three or more. Statewide, there are 183 generally certified foster homes who are willing to accept sibling groups of three or more.

Based on discussions with Home Development Supervisors and Managers, there is also a significant need for foster families who are medically trained and trauma-informed in order to meet the needs of the most vulnerable children and youth served in foster care.

The Foster Caregiver Recruitment and Support Program was introduced in FFY 2024 with plans to fill consultant positions in each of the nine regions statewide. The Recruitment and Support Consultants will lead foster home recruitment efforts in their assigned regions based on regional data to meet the specific needs of the types of homes needed for the region's foster care

populations. The Recruitment and Support Consultants will provide direct support to prospective foster caregivers and currently certified foster caregivers. They will also be engaged with community partners and support organizations in their community to be aware of available resources and ensure that foster caregivers are connected with peer support and community support.

With the implementation of the Foster Caregiver Recruitment and Support Program, the DCFS aims to achieve a 15% increase statewide in the number of homes that are able to meet regional placement needs in FFY 2025. This includes:

- Increasing the number of foster homes accepting teenagers by 15% statewide
- Increasing the number of foster homes accepting sibling groups of 3 or more by 15% statewide
- Increasing the number of foster homes accepting children/youth with special medical or behavioral needs by 15% statewide

The DCFS will continue to work on improving data reports to allow for the ongoing assessment of each region's population of foster homes and placement needs. The DCFS plans to develop new methods of identifying and tracking homes that are able to accept children/youth with special medical or behavioral needs in order to create a baseline number of homes for these populations and track progress towards certifying additional homes to meet these placement needs.

Currently, 35 % of certified families are kinship families. In recognizing the importance of family connections, the DCFS has prioritized these certifications and is working to increase support of kinship families by partnering with a private agency to assist with certification and support of these families.

Other efforts of improving recruitment and retention of foster families include partnership with a private agency to oversee the Louisiana Foster Caregiver Mentor Program and assist with the development of foster care support organizations. The private agency employs a Foster Care Support Ambassador who recruits, trains, and oversees foster caregiver mentor volunteers and reports progress to the DCFS. The ambassador also maintains a public database of all foster care support organizations statewide. This list is maintained on the private agency's website. The link is distributed to all foster caregivers at the time of certification and regularly throughout each year.

Data and Tracking of Recruitment and Retention Update FFY 2025: In FFY 2025, the DCFS Foster Caregiver Recruitment and Support Manager continued to provide quarterly recruitment data to each region. Data included the total number of generally certified foster homes, the number of child-specific certified foster homes, and the number of generally certified foster homes by parish in the region. The Foster Caregiver Recruitment and Support Consultants used this data to guide targeted recruitment efforts within each of their regions and to provide information during Community Collaborative and other recruitment activities. This data report included the total number of children/youth in foster care by race, age and parish for educational purposes and transparency.

During FFY 2024 (Oct 1, 2024 through March 31, 2025) statewide, 180 new regular foster homes were certified, and 384 new relative/kin foster homes were certified, for a total of 564 new foster home certifications.

Foster Homes by Region for FFY 2025 (October 1, 2024, through March 31, 2025)			
Region	**Regular Foster Home Certifications**	**Relative/Kin Certifications**	**Total Certifications**
Orleans	18	44	62
Baton Rouge	18	32	50
Covington	26	65	91
Thibodaux	11	32	43
Lafayette	30	63	93
Lake Charles	13	18	31
Alexandria	24	44	68
Shreveport	27	52	79
Monroe	13	34	47
Total	**180**	**384**	**564**

**ICPC subtype was included in relative/kin home subtotals*
**Respite subtype was included in regular home subtotals*
**Homes on suspend status were counted under regular foster home subtotals*

Data and Tracking of Recruitment and Retention Planned Activities FFY 2026: The DCFS will continue to track and monitor foster parent recruitment and retention data using the WebFocus application. This application captures data input into the LARE subsystem of TIPS by the Foster Caregiver Regional Recruitment and Support Consultants and/or Home Development staff and displays the data in summary reports that can be filtered based on type of certification, Region, Parish, etc. The DCFS will also continue to track and monitor data for the population of children in care using the WebFocus application. The application provides summary reports of child data as entered in TIPS. These reports will be used alongside the reports for foster parent recruitment and retention in order to inform and guide general, targeted, and child specific recruitment efforts statewide.

SECTION 3: PLANS FOR ENACTING THE STATE'S VISION:

GOALS, OBJECTIVES, AND OVERALL STRATEGY FOR IMPROVEMENT: Louisiana worked in consultation with multiple partners in the development of the CFSP through different modes of engagement by in person and virtual means. Leading up to the development of the statewide plan, monthly virtual meetings were held to discuss how to utilize progress in the APSR, data gathered from ongoing CQI reviews, and administrative data to assist in determining what next steps would be needed to continue progress. During the meetings, the DCFS provided information on how the department planned to approach long term planning. The strategy involved reviewing the systems the state has in place, the available data resources through the DCFS and stakeholders as well as the incorporation of the child welfare principles of practice.

In preparation for this five-year planning cycle, the DCFS engaged staff and various stakeholders [ex. Louisiana Court Improvement Project (CIP), young adults who have aged out of foster care, previous birth parents, and current/previous foster parents] in the development of the 2025-2029 CFSP. Through the CQI processes, various stakeholders are involved in the review of data, assessment of agency strengths and areas needing improvement as well as the selection of goals, objectives and action steps. Stakeholder involvement occurs on an ongoing basis throughout the

year through the CQI process, the Child Welfare Training Academy partnership between Southeast Louisiana University, the University Alliance, the Pelican Center and the CIP.

The incorporation of the work completed through CQI meetings leading up to the CFSP process, which involved many stakeholders was core to CFSP development. The stakeholders involved in the CQI process were legal and judicial partners, the CIP, CASA, tribes, frontline workers, Community-Based Child Abuse Prevention agencies, Children's Justice Act grantees, service providers, faith-based partners, community organizations, representatives of state and local agencies, youth, foster caregivers, parents and other partners. During CQI meetings, Louisiana engaged in numerous problem exploration efforts, analyzing data and engaging stakeholders, to dig deeper into problem areas. The stakeholders involved represent a multitude of diverse backgrounds and assist in incorporating various perspectives into the development of the CFSP. A virtual one-day meeting was held with involvement from tribal partners, persons with lived experience (youth, birth parent and foster parent), legal, provider, and other community partners. The ongoing collaboration with these entities to report annually on the CFSP process and measure changes in practice will continue in planning over the next five years and in monitoring the effectiveness of overall department progress in client service delivery.

During the title IV-E on-site review held on February 5-9, 2024, the Children's Bureau reviewed 80 sample cases. Issues that were identified as areas needing improvement included: cases having ineligible payments because the judicial requirement of "reasonable efforts to finalize a permanency plan" were not satisfactorily met for the specified period, title IV-E payments were claimed for items outside the definition of allowable program costs, title IV-E payments were claimed outside the definition of safety requirements for the child's foster care placement, and underpayments related to IV-E funds not being claimed. As a result of this review, Louisiana DCFS developed a PIP to address concerns identified as areas needing improvement and submitted it to the CB on October 29, 2024. Edits were made to the original submission and the updated version was submitted on March 28, 2025. Louisiana's PIP for the title IV-E program was approved by the CB on May 29, 2025 and the target completion date is May 31, 2026. Quarterly reports will be submitted to the Children's Bureau during the PIP to report updates/progress on these goals.

Louisiana also submitted the Statewide Assessment on January 31, 2025, received the Round 4 Stakeholder letter on March 26, 2025, the Round 4 case reviews began on April 1, 2025, and the stakeholder interviews were completed June 9-12, 2025.

CFSP GOALS: The goals for accomplishing the DCFS vision for improvement in programs, services, and outcomes for children and families during the five-year period 2025-2029 were identified through assessment of progress since the most recent PIP, ongoing efforts through the 2020-2024 CFSP and progress noted in the APSR, and ongoing CQI reviews. The goals identified below stem from the goals of the 2020-2024 CFSP as it has been assessed that there is an ongoing need to continue addressing each of these areas based on data from the ongoing CQI reviews and information gathered through stakeholder feedback. The goals identified below are based on priority concerns of the agency.

GOAL 1: QUALITY ASSESSMENT-
Fully integrate the Child Welfare Assessment and Decision Making Model throughout all programs and continue to build competencies across all programs through coaching, training,

and mentoring, in order to improve child safety, reduce repeat maltreatment, ensure appropriate services, and achieve timely permanency for children.

Rationale for selection of goal:
Having at unified Child Welfare Assessment and Decision Making model that is understood by all staff and legal stakeholders will encourage the utilization of the components of safety assessment throughout the life of the case and increase competency of staff to thoroughly assess safety no matter their program assignment.

Objective 1: Fully integrate CWADM in CPS and FS programs by year 1

- Complete roll out of CWADM Coaching in Orleans, Lafayette and Baton Rouge Regions.
- Develop a mechanism to automatically assign new supervisors a CWADM coach after they complete Supervisor Capacity Building Training to complete CWADM coaching.
- Coordinate with Training to ensure Safety Plan 1 training is being offered in Foundations for new staff and CPS simulation training for supervisors and managers

Objective 2: Explore CWADM coaching for FC by year 2

- FC staff will have a better understanding of CWADM concepts including assessing safety and incorporating Threats of Danger and Caretaker Protective Capacities in case plans.
- FC Program Manager will convene a work group in year one to explore what CWADM Coaching will look like for FC. Explore Action for Child Protection's safety assessment of foster placement vs. our own safety assessments to determine the best fit.
- FC workgroup will join the monthly CWADM implementation team meeting to brainstorm ideas for developing CWADM coaching modules for Foster Care.
- FC Workgroup will develop CWADM Coaching materials for FC.
- Contract with The Capacity Building Center for States to train FC consultants on the Coaching model.
- Train FC Consultants on CWADM Modules and coaching.

Objective 3: Explore and develop CWADM knowledge in Managers by year 2.

- Managers will fully embrace and incorporate CWADM in their work.
- CWADM concepts will be incorporated in Manager Capacity Building Training to support CWADM implementation in their staff.
- DCFS will coordinate with external trainers Dr. Angela Pittman, Bobby Cagle and Virginia Pryor and the LCWTA to develop CWADM training/coaching materials for managers to be incorporated into their "Strengthening Leadership: Child Welfare Field Manager Support, Capacity Building and Coaching Series"
- Coordinate roll out of Manager Training with CWADM ongoing implementation statewide.
- Explore with training unit expanding Staffing Simulation training to other programs (FS/FC) in year 2.

Objective 4: Implement CWADM Coaching for FC Supervisors Year 3

- FC Consultants will roll out coaching for FC supervisor's one region at a time to implement CWADM coaching beginning in year three.
- Develop FC CWADM Review instrument to conduct CWADM case reviews.

- CWADM Case reviews will be held quarterly with regions that have completed coaching and the findings will be shared with the field.
- Continue to examine trends and make adjustments to improve outcomes.
- Case reviews will track trends and present results to regional staff during semiannual CQI reviews and target areas needing improvement.

Objectives: (Ongoing every quarter) Continue to assess the effectiveness of CWADM coaching to improve safety outcomes and the quality of assessments.

- Continue with quarterly CWADM case review every three months based upon the number of supervisors who have completed the coaching during that quarter using the CWADM Case Review instrument.
- Track trends through case reviews and present results to regional staff during semi-annual CQI reviews and target areas needing improvement.

Measures of Progress: The measures used for this goal will be based on the CFSR Items that tie into quality assessment and safety. The DCFS expects with the implementation of the above objectives and strategies to see positive movement in Items 2, 3, 12, and 13 with improvements in Safety Outcome 2 and Well-Being Outcome 1. The Agency will develop additional adhoc reviews and other data collecting means, such as surveys and focus groups, as needed to further assess any identified/potential areas of exploration.

Implementation Supports: Through the further exploration and assessment process for the above listed objectives, the implementation supports will be identified during the Statewide Assessment time frame with a plan to have those implementation supports in place in FFY 2026.

Quality Assessment Update FFY 2025: During FFY 2025, DCFS continued to provide CWADM Coaching to its supervisors within the Child Protection Services and Family Services programs. The CWADM coaching was conducted in the Orleans Region from April to June 2024 for both CPS and FS supervisors, followed by sessions in the Lafayette Region from July to September 2024. Additionally, coaching resumed in Baton Rouge in November 2024 for the remaining CPS and FS supervisors who had not received coaching the previous year. The initial round of CWADM coaching for FS and CPS supervisors was completed across the nine regions. The agency intends to revisit each region to provide coaching for new supervisors since the initial roll out. In March 2025, each region compiled a list identifying CPS and FS supervisors who have not received coaching.

The CWADM Implementation Team began developing the CWADM coaching guides for Foster Care Supervisors in October of 2024. This will also be a three-module coaching curriculum followed by an observation of staffing, similar in structure to the CPS and FS coaching modules. An additional training was developed for CPS and FS staff with a focus on in-home safety planning. Part I training has been provided in each region of the state and Part II is being developed. More information about these training courses can be found in the training plan on pages 214-244.

In FFY 2025, the DCFS continues conducting CWADM reviews of CPS and FS cases. The reviews were held quarterly for CPS and FS workers whose supervisor has completed CWADM coaching. Now that coaching has been completed in all nine regions, cases are being pulled statewide. Since the last APSR update, Quarter 4 (April-June 2024), Quarter 5 (July-September 2024), Quarter 6

(October – December 2024) and Quarter 7 (January-March 2025) have been reviewed and analyzed. (See charts for CPS and FS below). For comparison, the previous three quarters are listed in the FFY 2024 update.

CWADM PHASE 2 CPS CASE REVIEW DATA				
	Phase 2 Quarter 4	**Phase 2 Quarter 5**	**Phase 2 Quarter 6**	**Phase 2 Quarter 7**
Review Period	April 1, 2024-June 30, 2024	July 1, 2024-September 30, 2024	October 1, 2024-December 31, 2024	January 1, 2025-March 31, 2025
Period Under Review	February 1, 2024-June 30, 2024	May 1, 2024-September 30, 2024	August 1, 2024-December 31, 2024	November 2024-March 31, 2025
Pre-Investigative Staffing Held	47.8%	53.8%	50%	42.3%
Household Member Interviews Sufficient	65.2%	69.2%	66.7%	61.5%
Collateral Interviews Sufficient	43.5%	69.2%	56.7%	57.7%
Adequate information gathered for Assessment of Family Functioning	34.8%	30.8%	40%	30.8%
Sufficient Guidance Provided to the worker to make case decisions	36.4%	50%	43.3%	46.2%

For the second half of FFY 2024 and first half of FFY 2025, the agency continued conducting reviews on CPS cases. During that timeframe the following number of CWADM CPS case reviews were conducted: Quarter 4 (N=23), Quarter 5 (N=26), Quarter 6 (N=30), and Quarter 7 (N=26). Pre-investigative plan staffings were being held on average 50 % of the time for the first three review periods, however this has declined to 42 % in the last review period. Although this is still a marked improvement over Quarter 2 (October 1, 2023-December 31, 2023) and Quarter 3 (January 1, 2024-March 31, 2024) reported in the previous APSR, more work needs to be done to assure these staffings are occurring. Consultants will continue to emphasize the importance of these staffings during CWADM coaching, case reviews and quarterly regional meetings.

The sufficiency of household interviews remained fairly steady in Quarters 4, 5 and 6, in the mid to upper 60 percent range, but declined a bit to the low 60s during Quarter 7. They are still significantly higher than the first three review periods following the implementation of CWADM coaching.

The sufficiency of collateral interviews are trending upwards, close to sixty percent, which is an improvement compared to the first three quarters. The adequacy of information in the Assessment of Family Functioning is also improving slightly over time, averaging in the low to mid 30 percent range, but there is still a lot of room for improvement here. This will continue to be emphasized during coaching and the subsequent case reviews. Supervisory guidance is also improving slightly and appears to be trending in the right direction.

CWADM PHASE 2 FS CASE REVIEW DATA				
	Phase 2 Quarter 4	**Phase 2 Quarter 5**	**Phase 2 Quarter 6**	**Phase 2 Quarter 7**
Review Period	April 1, 2024-June 30, 2024	July 1, 2024-September 30, 2024	October 1, 2024-December 31, 2024	January 1, 2025-March 31, 2025
Period Under Review	February 1, 2024-June 30, 2024	May 1, 2024-September 30, 2024	August 1, 2024-December 31, 2024	November 2024-March 31, 2025
Transfer Staffing Held	90%	100%	90%	84.6%
Collateral Interviews Sufficient	60%	57.1%	70%	69.2%
Adequate information gathered for Assessment of Family Functioning	70%	35.7%	60%	69.2%
Sufficient Guidance Provided to the worker to make case decisions	70%	64.3%	70%	46.2%

For the second half of FFY 2024 and first half of FFY 2025, the agency continued conducting reviews on Family Services cases. During that timeframe the following number of CWADM Family Services case reviews were conducted: Quarter 4 (N=10), Quarter 5 (N=14), Quarter 6 (N=10), and Quarter 7 (N=13). Case Transfer staffings between CPS and FS are being held most of the time, averaging around 90 percent. The sufficiency of collateral interviews is also improving over time, averaging around 70 percent. This has been trending upward since CWADM coaching was introduced. The adequacy of the information in the Assessment of Family Functioning appears to be trending upwards, as was supervisory guidance until the last quarter, which declined to below 50 percent. More work will be done here during coaching and case reviews to emphasize the importance of supervision.

Quality Assessment Planned Activities FFY 2026: CWADM coaches will be assigned to the remaining CPS and FS supervisors that have not completed CWADM coaching, to begin coaching in July 2025. As supervisors complete the Supervisory Capacity Building Program, they will be assigned a CWADM coach. The Area directors from all nine regions will also be asked to provide an updated list quarterly to make sure new supervisors are assigned a coach.

In April 2025, the CWADM Implementation Team will begin brainstorming how to engage Child Welfare Managers in CWADM coaching to support their supervisors in their implementation of CWADM. The planned Management Capacity Building training is no longer under development, therefore a separate CWADM coaching curriculum needs to be developed for managers.

The Foster Care CWADM Coaching Modules are expected to be completed by July 2025. Training of the Foster Care coaches, which will consist of Foster Care Program Managers and Regional Program Specialists, will begin in August 2025. Foster Care coaching is projected to begin in October 2025.

A Foster Care CWADM review instrument will have to be created to begin case reviews of all Foster Care supervisors that complete CWADM coaching. This will be a task of the CWADM implementation team. The instrument will be ready for CWADM case reviews beginning in January 2026.

GOAL 2: WORKFORCE DEVELOPMENT-
To cultivate a competent, stable, supported child welfare workforce throughout the employment lifecycle that is able to further meet the needs of the children and families served and leads to a 5% increase in staff retention over the next five years.

Rationale for the selection of goal: The mission of the LCWTA strategic partnership is to work collaboratively to strengthen the recruitment, learning & development, and retention of child welfare professionals to support the achievement of safety, permanency and well-being of children and families in Louisiana. The vision is to cultivate excellence in child welfare through competent, qualified, dedicated, and supported child welfare professionals, who in partnership with families and communities, will transform the system and achieve outcomes supporting thriving children and families.

The goals are carried out within the five Arcs of Success that include Outstanding Customer Service; Impressive Delivery of Training and Expansion of Learning/Learning Opportunities; Measuring and Communicating Outcomes; Blending/Merging Functions within the LCWTA/University Alliance Partnership; and Fiscal Responsibility.

A dynamic strategic plan guides the implementation of goals. Key goals for Workforce Development in partnership with the LCWTA for the 2025-2029 CFSP will focus on:
(1) Recruitment and Retention**:** Recruit competent, dedicated child welfare professionals and support their retention
(2) Learning: Offer comprehensive quality learning opportunities; and
(3) Infrastructure: Build capacity to effectively and efficiently fulfill the LCWTA and University Alliance mission.

Objectives/Strategies to achieve the key goals listed above:

1. Implement a robust DCFS Child Welfare Recruitment and Retention Plan that includes recruitment, on-boarding, learning, and development and retention strategies.
2. Continue implementing the Louisiana Child Welfare Training Academy strategic partnership to support child welfare learning and development and university-based recruitment and retention goals.
3. Track and measure impact of the strategies on workforce competence, stability and job satisfaction.

1-Recruitment and Retention: Recruit competent, dedicated child welfare professionals and support their retention:

Short-Term Goals (Year 1):

1. Increase awareness and interest in the Title IV-E Child Welfare University Program among undergraduate students majoring in relevant fields (e.g., social work, child and family studies, psychology) by 20% within the next 5 years.
    - Develop and launch targeted marketing campaigns on college campuses and social media platforms to promote the program.
    - Host informational sessions and workshops for undergraduate students to learn about the benefits and opportunities offered by the Title IV-E program.
    - Establish partnerships with college advisors and faculty members to facilitate referrals and recommendations for potential applicants.

2. Establish partnerships with local colleges and universities to promote the Title IV-E program as a pathway to a career in child welfare, aiming to increase the number of applicants by 15% over the next two years.
    - Identify and initiate discussions with key stakeholders at local colleges and universities to explore collaboration opportunities.
    - Develop formal partnership agreements outlining mutual commitments and responsibilities.
    - Implement outreach activities, such as guest lectures, career fairs, and campus visits, to engage students and encourage them to apply for the program.
3. Implement a structured Onboarding Plan for new hires that will form a foundation for the DCFS child welfare, learning and development.
    - Evaluate the existing structure
    - develop a format that is informative, establishes an explanation of child welfare expectations, continuum of services and support practices to be delivered in a consistent method and in a chronological order
    - Ensure all components interface with one another for a seamless process
4. The workforce department plan is to enhance employee Wellness and Benefits to influence employee Retention Plan
    - Through advertisement, varied communications and marketing, the department will help guide employees to resources and supports to improving Wellness
    - The department will enhance and advertise the DCFS employee's Benefits package
    - The evaluation of improvement will be learned through employee Stay Interviews and improved retention rates.

Intermediate Goals (Years 2 and 3):

1. Develop targeted marketing materials and campaigns to attract diverse candidates to apply for the Title IV-E program, with a goal of increasing program participants by 10% within the next three years.
    - Conduct research and gather feedback to identify barriers and challenges faced by candidates in accessing higher education and career opportunities.
2. Implement a mentorship program within the Title IV-E Child Welfare University Program, matching each scholar with an experienced child welfare professional to provide support and guidance throughout their educational journey and into their careers.
    - Develop guidelines and procedures for mentorship program participation, including criteria for mentor and mentee selection, expectations, and communication protocols.
    - Recruit and train mentors from within the child welfare field, ensuring they possess the necessary skills and experience to support and mentor program participants.
    - Facilitate mentor-mentee matches based on compatibility, interests, and career goals, and provide ongoing support and resources to participants throughout the mentorship relationship.

Long-Term Goals (Years 4 and 5):

1. Enhance professional development opportunities for current Title IV-E scholars by offering specialized training workshops, conferences, and networking events focused on skill-building and career advancement within the child welfare field.
    - Identify relevant training topics and areas for skill development based on industry trends, emerging issues, and feedback from program participants.

    - Collaborate with industry partners, professional organizations, and subject matter experts to design and deliver high-quality training programs and events.
    - Evaluate the effectiveness of professional development activities through participant feedback surveys, program evaluations, and outcome assessments.
2. Conduct regular surveys and feedback sessions with Title IV-E scholars to assess their satisfaction with the program and identify areas for improvement, with the aim of maintaining a retention rate of 90% or higher over the next five years.
    - Develop survey instruments and data collection tools to gather feedback from program participants on their experiences, needs, and challenges.
    - Implement a systematic process for collecting and analyzing survey data, including regular check-ins and follow-up communications with program participants.
    - Use feedback and insights gathered from surveys to inform programmatic adjustments, enhancements, and improvements aimed at increasing participant satisfaction and retention rates.

2-<u>Learning:</u> Offer comprehensive quality learning opportunities;
Short Term (1st year):

- Develop a process and outcome evaluation plan of levels 1-3 of Foundations of Child Welfare Practice.
- Continue to analyze data from training activities for trends and needs.
- Establish priorities to determine which learning and workforce development activities are possible with current resources.
- Revise DCFS policy to reflect changes in learning and workforce development activities as a result of revised curriculum of Foundations of Child Welfare Practice series and statewide implementation of the On The Job Training program.
- Review training courses determined to be mandatory and establish procedures to enforce completion of mandatory trainings within the required timeframe.
- Develop Team Specialist learning track of Foundations of Child Welfare Practice levels 1-3 to meet their unique workforce development needs in summer 2024.
- Assess viability of offering select levels/content of Foundations of Child Welfare Practice to Title IV-E Scholars.
- Review stay interview data obtained from new employees to inform learning and development strengths and needs, in a continuous improvement process.
- Implement On The Job Training program statewide.
- Incorporate problem-based learning and trauma informed practice content in the On The Job Training program.
- Implement trauma informed FORECAST simulation series.
- Implement the Emerging Leaders Program for Child Welfare Specialist 3's.
- Continue to implement the Supervisor Capacity Building and Support program.

Intermediate (Years 2 and 3):

- Develop Level 4 of the Foundations of Child Welfare Practice series.
- Build out additional tracks of Foundations of Child Welfare Practice levels 1-3 to meet the unique workforce development needs of each program/staff component.
    - Adoptions
    - Home Development
    - Recruiters

    - Parent Partners
- Develop Level 5 of the Foundations of Child Welfare Practice series.
- Continue to develop resources to support clerical/administrative support program staff.
- Assess learning and workforce development needs of current child welfare staff (those currently employed for more than 3 years) utilizing CQI and CFSR review data.
- Incorporate lived experience, family and youth voice into training experiences provided.
    - Contribute to the development and revision of curriculum
    - Participate in co-facilitating trainings provided/course offerings
    - Explore learning and workforce development evidence-based practices for collaboration and perspective sharing with all persons impacted by the child welfare system.
- Continue to integrate experiential based learning opportunities throughout all learning and development programs.

Long Term (Years 4 and 5):

- Develop Level 6 of the Foundations of Child Welfare Practice series.
- Develop learning and workforce development opportunities for experienced child welfare staff to support retention and needs (based on assessment completed).
- Establish and implement multi-disciplinary support of training:
    - Develop opportunities for University Alliance partners to co-train with DCFS Child Welfare staff (e.g. Foundations of Child Welfare Practice).
    - Explore the potential for University Alliance partners to develop and provide substance use disorder trainings.
    - Explore the potential for University Alliance partners to provide a medical professional to develop/revise curriculum and co-train Physical Indicators of Child Maltreatment.
- Develop curriculum series and/or certificate programs to address key practice areas that impact CFSR/CQI outcomes:
    - Substance use disorder series
    - Manager Capacity Building course
- LCWTA develop process and outcome evaluation plan for additional learning and workforce development activities/trainings.

Learning and Development Goals for Training of Foster/Adoptive and Kinship Caregivers:
Short term (year 1):

- Conduct a statewide needs assessment with foster/adoptive caregivers for the purpose of updating the current foster parent training plan
- Match results from the needs assessment to foster/adoptive caregiver competencies to develop a competency-based model which fits with the specific needs of caregivers in Louisiana
- Complete a comprehensive review of the evaluation feedback from past foster parent training sessions to gain insight on what works and doesn't work for foster caregivers
- Map out learning pathways for foster/adoptive caregivers following precertification training, based on results from the needs assessment and promising practices in the field
- Pilot alternative training delivery methods that serve dual functions, such as mini training sessions with a built-in support group component
- Increase communication and collaboration with the Home Development Department

- Increase asynchronous training courses for foster/adoptive caregivers hosted on the LCWTA LMS
- Build on the course offerings developed for foster/adoptive caregivers that are designed for foster parents and the youth in their care to participate in together (using current courses as a model, including "Independent Living Skills" and "Art Projects that Heal"

Intermediate (year 2 and 3):

- Incorporate training courses that rely on those with lived experiences, including foster/adoptive caregivers and youth
- Explore additional opportunities for foster/adoptive caregivers to obtain training credit through reading educational books, thereby catering to different learning styles
- Implement a self-assessment tool foster caregivers could use to self-evaluate their ongoing training needs once they have completed the first 3 years of fostering learning pathways
- Explore the feasibility of incorporating outside learning opportunities such as those offered through the National Foster Parent Association through the LCWTA LMS

Long Term (4 to 5 years):

- Utilize a system of continuous feedback to routinely evaluate the ability of the LCWTA to meet the changing needs of foster/adoptive caregivers
- The feedback system captures new needs/trends as they arise so new course development can be initiated in a timely manner
- Develop a specific needs assessment for Kinship caregivers
- Develop learning pathways to meet the specific needs of Kinship caregivers
- Explore training possibilities which may be enabled by the Families First legislation, including training for birth parents

3-<u>Infrastructure</u>: Build capacity to effectively and efficiently fulfill the LCWTA University Alliance mission and goals. Continue to assess, align, strengthen and maximize human, technological, fiscal, and programmatic resources across the partnership to effectively and efficiently fulfill the mission, vision, and goals for the next 5 years.

Short term (within one year):

- Cultivate effective cross organizational leadership and teams across the partnership
- Implement learning management system with enhanced capabilities to support learning and development over time and to generate more robust data to inform effective learning and development.
- Align people, processes, and resources across the partnership to consistently measure, use and share data and information to advance effective learning and development and to support overall functioning of Louisiana's Systemic Factor Staff and Provider Training
- Invest in the on-going professional development of team members to support high quality learning and development programs through at a minimum quarterly team meetings.
- Cross train to expand team members knowledgeable of Title IVE fiscal matters
- Update policies and procedures

Intermediate: (years 2 and 3)
Continue to support utilization of technology resources and tools (e.g.H5P, AI, real time feedback tools, etc.) to support learning and development, data/CQI, collaboration, and effective and efficient operation of the partnership

Strengthen partnerships in strategic areas including but not limited to:

a. DCFS CQI and Data Teams
b. Foster Parent Associations
c. Kinship Support
d. CASA
e. Grandparents Raising Grandchildren

Develop a strategic communication plan to focus on marketing and communication planning and implementation in priority areas.

Long Term: (Years 4 and 5)

- Implement a strategic communication plan to focus on marketing and communication planning and implementation in priority areas
- Expand capacity of partners to conduct child welfare research and contribute to the field
- Expand funding sources

Measures of Progress: The measures used for the above stated goals will be based on data collected through WD and LCWTA. The DCFS expects to see the following:

- An increase in the number of competent, committed, and culturally diverse social workers entering DCFS Child Welfare by 5% over the next five years ending June 30, 2029.
- An increase the number of applicants by 15% from the Title IV-E program over the next two years.
- Further development of a retention plan for new employees and scholar employees to ensure that individuals are provided with support, wellness resources, targeted training, opportunities for advancement and participation in workforce development projects measured through employee Stay Interviews and improved retention rates.
- An increase in collaborations, implementation of services in priority areas, and an expansion of funding sources to effectively and efficiently fulfill the LCWTA mission over the next 5 years.

Implementation Supports: Through exploration and further assessment on the planned goals and objectives listed above the implementation supports will be identified during the statewide assessment with a goal to have needed implementation supports in place by FFY 2026.

Workforce Development Update FFY 2025: The Louisiana Department of Children and Family Services continues to focus on producing the best outcomes for children and families and recognizes a strong and stable workforce is essential. In the 2024/2025 Child Welfare Restructure, the Workforce Development Division was dissolved; however, the mission remains embedded in the work and continues to be carried out by all child welfare leaders with a heavy focus on field services, training, and direct practice.

For further information regarding **Workforce**, please refer to the **Training Plan** on pages 214-244.

GOAL 3: ENGAGEMENT- Ensure early engagement strategies are utilized to create a stronger partnership with all partners in the agency's system so that all have an invested interest in the achievement of safety, permanency and well-being for the agency children and families.

Rationale for selection of goal: Initial contact with all agency partners and persons with lived experience should encourage an environment of engagement so that partners and persons with lived experience feel safe to give feedback and explore systemic concerns and progress in a way where their input is valued and utilized. Initial contact with families and caregivers is critical in building strong partnerships. The CW system must explore its attitudes, beliefs and biases when working with partners and persons with lived experience. This includes the examination of Systems Biases, which takes into account how policies and practices influence those biases.

Objectives/Strategies to achieve goal:

There will be early and ongoing engagement of all partners and persons with lived experience.

- Increase the utilization of the Family Connections form in the continued effort to engage relatives early on in a case for exploration into interest in placement. Baseline will be established in early FFY 2025 through the use of the ACT 350 reviews and then moving forward will be tracked through quarterly reviews.
- In an effort to improve engagement and enhance practice within Family Team Meetings (FTM) with parents, youth and stakeholders, Child Welfare Managers will continue to participate in all initial FTMs held in the Foster Care program. In addition to participating in the FTM, Managers were required to complete a Case Review Instrument and FTM Manager Evaluation Instrument at the time of the initial FTM.
- In FFY 2025, establish a baseline number for attendance of Key Case Participants involved in initial FTMs. Increase Key Participant (mother, father, and children) inclusion in Family Team Meetings and development of case plans by 5% each year over the next 5 years.
- The DCFS will continue to work with the families, foster caregivers and stakeholders as a team in Family Team Meetings (FTMs) in the development of the written case plans.
- The DCFS plans to continue having Child Welfare managers participate in the initial FTM, to provide valuable feedback and evaluate the engagement of staff and the other team members.
- In FFY 2025, there will be exploration into the root cause of lack of quality visitations through surveys, focus groups, and interviews to assist in the development of staff. Following identification of root cause, work will be outlined for the following fiscal years.
- Assessment of tools available through the Capacity Building Center for States website to assist in education and engagement of staff in the importance of quality caseworker visits.
- Continued/enhanced investment in and development of TBRI, Teaming and Family Search and Engagement
- Supervisory engagement Feedback survey will continue which focuses on caseworker engagement and client satisfaction. Results will be rolled up quarterly and assessed for areas needing attention.
- Work with IL providers to increase the percentage of youth each year who participate in Youth Engagement events by 5% over the 5-year period.

- Determine the level of confidence youth exiting care have about being able to succeed on their own. Develop a survey for 17-year-old youth prior to exiting FC to measure their level of independence and use information obtained to develop engagement opportunities with IL providers, staff, and caregivers.
- Identifying strategies to support continued engagement of community partners and stakeholders in implementation of QPI at local, regional and state levels.
- Further development of the QPI Champions program, which ensures that each region has foster caregivers and the DCFS staff modeling QPI principles in practice and supporting further implementation.

Measures of Progress: The measures used for this goal will be based on the CFSR Items that tie into engagement of partners and persons with lived experience. The DCFS expects with the implementation of the above objectives and strategies to see positive movement in the Items 2, 3, 4, 12, 13, and 15 with improvements in Safety Outcome 2, Permanency Outcome 1, and Well-Being Outcome 1. The assessment phase for each of the above objectives will take place in FFY 2025, with a completion of baseline measure and exploration into implementation supports needed. In FFY 2026, tracking from the baseline measures will occur with measurements of progress from baseline. By FFY 2027, the expectation is that improvement in the above listed CFSR items and Outcomes will be evident. The Agency will develop additional adhoc reviews and other data collecting means, such as surveys and focus groups, as needed to further assess any identified/potential areas of exploration.

Implementation Supports: Through the further exploration and assessment process for the above listed objectives, the implementation supports will be identified during the Statewide Assessment timeframe with a plan to have those implementation supports in place in FFY 2026.

Engagement Update FFY 2025: During FFY 2025, the DCFS continued to work toward enhancing engagement with parents, caregivers, and community partners. These ongoing efforts to build strong effective partnerships are aimed at ensuring that the needs of children are met effectively.

The DCFS continued to focus on Family Search and Engagement. The foster care program is actively working to increase the use of the Family Connections form by foster care workers while addressing inquiries and concerns related to diligent search efforts for children. Enacted in Louisiana in 2021, ACT 350 mandates that the DCFS conduct diligent searches for adult relatives and significant individuals when a child enters foster care. In January 2025, information regarding Act 350 was presented during the monthly child welfare policy meeting. Training on Act 350 and diligent search efforts was developed in collaboration with the Louisiana Child Welfare Training Academy (LCWTA) and will be available to all child welfare employees by June 2025.

In an effort to improve engagement and enhance practice within Family Team Meetings with parents, youth and stakeholders, Child Welfare Managers continued to participate in all initial FTMs held within the foster care program. Child Welfare Managers are required to complete both a Case Review Instrument and an FTM Manager Evaluation Instrument during the initial FTMs. The outcomes of these evaluations are captured in Redcap and shared with each region at the quarterly Child Welfare Summit.

The DCFS foster care program collaborated with the Pelican Center to update and develop notification forms for FTMs and court proceedings. These forms serve as notifications to the court, attorneys, and parents regarding placement changes, as well as assist in documenting invitations sent to FTM and court hearing participants. The DCFS is currently revising policies and procedures to increase participation from parents, children, caregivers, attorneys, and Court-Appointed Special Advocates (CASA) in FTMs.

The DCFS continued to conduct Supervisory Engagement Surveys to evaluate caseworker engagement and client satisfaction. Recent updates include changes to the number of surveys required monthly and the questions included. Currently, each supervisor is responsible for completing one survey quarterly for every person under their supervision. A memorandum detailing these changes was issued to Child Welfare staff on September 18, 2024, with an effective date of October 1, 2024. Results reflecting these new changes were presented in January 2025 during the Regional Child Welfare Summits, where State Office Managers answered questions and provided further guidance related to the surveys.

The DCFS continued to work with Independent Living (IL) providers to increase the percentage of youth participating in Youth Engagement events by 5% each year over a five-year period. In FFY 2025, the DCFS conducted statewide Youth Focus Groups to collect feedback from youth on the IL programs and services available to them. Fifty-seven youth aged 14 to 17 participated in the focus groups, which were facilitated in partnership with the Louisiana Elite Advocacy Force (LEAF) and DCFS Transitional Youth Consultants. IL providers and community partners, including James Samaritan, supported the events by providing food and incentives to the youth participants.

The focus groups posed various questions to better understand the experiences of youth within the IL system, including inquiries about service awareness, support from workers, skill development, and suggestions for program improvements. Insights gathered from these sessions were shared with all IL providers at the Fall IL Coalition Meeting, informing updates to policies related to youth referrals for services.

During FFY 2025, the DCFS celebrated Youth Voice Month by holding Youth Summits in October. Events were held on October 5, 2024, in the Covington region and October 26, 2024, in the Alexandria region, yielding positive feedback from participants who expressed interest in attending future events. Activities included Reality Town, an interactive program simulating adult financial responsibilities, which educated participants on budgeting, career choices, and household management. Youth also had opportunities to learn about community resources through partnerships with workforce development initiatives and other local organizations.

During the youth summits, the LEAF Board introduced a Youth Representation Survey to gather valuable feedback from participants. A total of 91 youth and young adults aged 16 to 21 participated across both events, with a regional breakdown of attendees provided.

The event held in Covington Region had 54 participants and the event in Alexandria Region had 37 participants. Regional Count of Participants include: Orleans- 11; Baton Rouge- 10; Covington- 20; Thibodaux- 13; Lafayette- 5; Lake Charles- 8; Alexandria- 5; Shreveport- 10; and Monroe- 9.

Following the youth summits, the DCFS shared information regarding all IL program providers with the Louisiana Workforce Commission to facilitate the My Life/My Way workshops for youth in various regions.

Community partners at the resource fair included organizations such as LEAF, Community Church, Aetna, Braveheart, and the Louisiana Workforce Commission, among others.

In FFY 2025, the DCFS continued efforts to support and develop QPI Champions through a partnership with the Youth Law Center. This collaboration focuses on strategies to engage community partners and stakeholders in the implementation of QPI at various levels. The DCFS is currently negotiating an agreement with the Youth Law Center for research to evaluate the effectiveness of DCFS staff supports and practices related to QPI.

In March 2025, Rev. Donald Hunter reached out to the DCFS to explore collaborative opportunities with local faith-based organizations statewide. After initial meetings, the DCFS and Rev. Hunter organized a community meeting with Baton Rouge churches to promote support for foster families and recruitment efforts. Over 60 local churches participated, resulting in pledges of support for the recruitment of homes and assistance for children and families, including commitments to aid in the pre-service training of prospective foster families.

Engagement Planned Activities FFY 2026: The DCFS will continue to update policies and procedures, as well as train and support staff in their efforts to locate family and kin for children upon their entry into the foster care system. Ongoing training on Act 350 will be provided, along with support and guidance aimed at enhancing diligent search efforts and ensuring timely placements for children.

The DCFS is committed to actively engaging parents, caregivers, children, and community members to address the needs of children and prioritize their best interests in foster care. In collaboration with the Pelican Center, the agency will work to improve the timing and methods of notifications provided to parents and caregivers, to strengthen engagement and trust among those who care for children in foster care. The DCFS will give additional attention towards the quality of visits with children, caregivers, and parents to ensure the overall well-being of the children is supported and that caretakers receive continuous support.

Monitoring engagement will be an ongoing priority, with quarterly supervisory survey results utilized to encourage staff mindfulness in their interactions and responsiveness to parents, caregivers, and children. This initiative aims to improve communication, enhance visitation experiences, and ensure that appropriate resources are provided to children and families. The DCFS will also continue to conduct Initial Calls, Icebreakers, and Transition Plans for all cases while updating relevant policies and distributing notification forms to all foster care staff.

In FFY 2026, the DCFS plans to maintain its collaboration with the Youth Law Center to initiate research focused on the support provided to QPI Champions across each region. This collaboration aims to enhance family engagement and integrate QPI principles into everyday practices.

The DCFS Foster Caregiver Recruitment and Support program will further focus on revitalizing the Foster Care Advisory Board (FCAB) in each region to address questions and concerns from foster caregivers. Quarterly board meetings will include representatives from community agencies,

foster caregiver mentors, recruiters, and regional staff. Monthly Community Collaborations will persist in each region. The agency will also continue its partnership with Rev. Donald Hunter and various faith-based organizations statewide to assist with the recruitment and support of foster and adoptive homes for children in foster care.

GOAL 4: SERVICE ARRAY- The DCFS, community partners, and stakeholders will support an information sharing continuum to increase awareness and increase the utilization of services available to the community and facilitate an increase and enhancement of the available continuum of comprehensive, culturally sensitive services to the community to support families, prevent maltreatment, prevent entry into care, and shorten foster care stays, with an emphasis on safety, placement stability, permanency, and well-being of Louisiana families and children.

Rationale for selection of goal: With an increase in use of services that fall within a primary prevention program like My Community Cares, Kinship Navigator, and Plans of Safe Care, there will be a decrease in children entering foster care and an increase in those maintained within their family unit. Through the increase in awareness and utilization of services, there will be a decrease in incidents of maltreatment, repeat maltreatment, entry into care, and placement disruptions. The duration of time in care to permanency for children will decrease as services that are targeted to meet a need and provided timely will lead to expedited permanency.

Objectives/Strategies to achieve goal:

- Data will be gathered in the form of needs assessments, awareness assessments and utilization assessments to assist in determining what services are available that may be underutilized or where there is a lack of awareness by staff, stakeholders, and community members.
- The DCFS will identify current utilization of services through the Family Resource Centers in each region. For those areas, identified as underutilized, the DCFS will promote use of these services and ensure awareness by staff/community partners of availability. The DCFS will monitor for an increase the utilization of the local FRCs lesser utilized programs as demonstrated by a 5% increase in referrals each year for those programs.
- Kinship Navigator and Specialist will create a Community Awareness Plan by Increasing Community Outreach to assist in raising community awareness of Kinship Navigator, so kinship caregivers are aware of how to access services/support to keep children in their care.
- The DCFS will continually reinforce the importance of utilization of the services available through Intercept and Child First with a goal of increasing the number of timely referrals. The DCFS will monitor referrals made and will track for an increase in timely referrals and how it reduces the number of removals. This will be documented by an increase in the number of referrals to Intercept and Child First Services, including continuous active caseload numbers by providers.
- The DCFS will Measure the increase/decrease in number of referrals to the My Community Care program and the number of community members aware of the program. The number of referrals can be measured, and the community can be polled on My Community Cares awareness. If numbers decline, targeted efforts will be made for awareness campaigns in those areas where referrals may taper off.
- The DCFS, in conjunction with the Court Improvement Program (CIP) will continue exploration of the expansion of the Civil Legal Services to all 9 regions to ensure the

availability of ancillary Legal Services for relatives, parents, caregivers, and children to utilize as a means of prevention of entry into care and of agency involvement

- Increase awareness and utilization of Trust-Based Relational Intervention (TBRI) and Quality Parenting Initiative (QPI) services that are provided at the FRCs. Monitoring of availability and utilization of the services will be tracked.
- Identifying strategies to support continued engagement of community partners and stakeholders in implementation of QPI at local, regional and state levels.
- Further development of the QPI Champions program, which ensures that each region has foster caregivers and the DCFS staff modeling QPI principles in practice and supporting further implementation
- Conduct a needs assessment in each area of the state to determine the need for Spanish speaking service providers and assess what areas currently have providers to determine gaps in services for Spanish speaking clients.

Measures of Progress: The measures used for this goal will be based on the CFSR Items that tie into service delivery. The DCFS expects with the implementation of the above objectives and strategies to see positive movement in Items 2, 3, 4, 12, and 13 with improvements in Safety Outcome 2, Permanency Outcome 1, and Well-Being Outcome 1. The assessment phase for each of the above objectives will take place in FFY 2025, with a completion of an assessment of need, baseline measure, and exploration into implementation supports needed. In FFY 2026, implementation of awareness and utilization activities will be complete, and measures will begin. By FFY 2027, the expectation is that improvement in the above listed CFSR items and Outcomes will be evident. The Agency will develop additional adhoc reviews and other data collecting means, such as surveys and focus groups, as needed to further assess any identified/potential areas of exploration.

Implementation Supports: Through the further exploration and assessment process for the above listed objectives, the implementation supports will be identified during the Statewide Assessment timeframe with a plan to have those implementation supports in place in FFY 2026.

Service Array Update FFY 2025: The Family Resource Centers continued to provide resources and concrete services to kinship families. Kinship Navigator staff housed within the FRCs have been able to assist kinship families with navigating and coordinating linkages to accessing support services in their community during this FFY. Some of the types of concrete services provided this year include utility assistance, clothing/personal/household needs, food, housing payment assistance, individual, family and community support, educational needs, and income support/assistance (KCSP/SNAP/FITAP application assistance). During FFY 2024, the FRCs served 1,853 families and during FFY 2025 (October 1, 2024-March 30, 2025) the FRC's have been able to provide services to 755 families.

Each FRC continues to provide services to parishes in their geographic area allowing service provision throughout the state. The FRCs receive referrals from the DCFS for families involved with the department due to neglect and abuse of a child. FRCs provide the following CORE services: Evidence Based Parent Education, Family Skills Building, Parent Partner mentoring, Kinship Navigator, Concrete/Critical Emergent Supportive Services and My Community Cares (MCC) initiative. These services are currently provided through a three (3)-year contract ending

on September 30, 2025. The chart below shows the breakdown of services at the FRC's during FFY 2025 (October 1, 2024-March 30, 2025):

Program	YTD # of Referrals
Family Services (FS)	322
Services to Parents (SP)	450
Child Protection Services (CPS)	38
Families in Need of Services (FINS)	58
Other State Agency	13
Medical	5
School	56
Law Enforcement	4
Community Agency	391
Court System	40
Self-Referral	327
Other-Please describe (HD) (teen mom)	2
Other-Please describe (College)	36
Other-Please describe (Kinship)	65
Other-Please describe (Hardship)	91
Total	**1,898**

Total number of Clients Served to date Unduplicated	
# of Families:	1,934
Mother:	1,286
Father:	577
Caregiver-Relative:	292
Caregiver-Non-Related:	63
Children-In Home (Biological family)	1,506
Children-In Home-relative setting	491
Children—Out of Home Placement	877

Parenting Education	YTD Total: Total number of Clients Served to date Unduplicated
# of Families:	596
Mother:	482
Father:	214
Caregiver-Relative:	13
Caregiver-Non-Related:	4
Children-In Home (Biological family)	325
Children-In Home-relative setting	176
Children—Out of Home Placement	353
# of families receiving telehealth services:	52

Family Skills Building	YTD Total: Total number of Clients Served to date Unduplicated
# of Families:	717
Mother:	566
Father:	273

Caregiver-Relative:	70
Caregiver-Non Related:	7
Children-In Home (Biological family)	752
Children-In Home-relative setting	77
Children—Out of Home Placement	260

Parent Partner	**YTD Total** Total number of Clients Served to date **Unduplicated**
# of Families:	85
Mother:	80
Father:	128
Children:	106
# of Sessions	353

FRC Concrete Services	**YTD Total** Total number of Clients Served to date **Unduplicated**
# of families served	202
Concrete funding spent	$88,458.49

Kinship Navigation	**YTD Total** Total number of Clients Served to date **Unduplicated**
# of families served	1461

The Louisiana Kinship Navigator Program continued to serve as an information and referral network for kinship caregivers who are providing full-time care to children other than their own through title IV-B funding. The Kinship Navigator Program continued to expand services and resources and invite community partners, faith-based organizations, and other community organizations to collaborate and provide support to kinship families. The 2-1-1 toll free number continued to serve as the statewide phone number relative caregivers can call to request information or resources to assist their family. Statewide availability to families seeking kinship resource information has been available through this same toll-free hotline by dialing 211 and or texting KINSHIPLA to 8980211. This resource is available 24 hours a day providing all kinship callers with information and resources available in their area specific to their indicated need or request.

For updates on **Intercept and Child First** services see the **Family First Prevention Services Act Transition Grants** update section on pages 157-167.

Service Array Planned Activities FFY 2026: Current FRC programming will continue through the end of the current contract period of September 30, 2025. The DCFS will work towards the expansion of statewide MCC services through the Request for Proposal (RFP) procurement process. This RFP will include a redesign of services provided through the FRC's with a focus of moving people from crisis to stability, sparking community organizing and engagement and assisting communities to build additional resources to services the community.

Kinship Caregivers and Stakeholders are also able to access information about the Kinship Navigator Program on the DCFS website connecting them with resource information and access to financial assistance programs at https://www.dcfs.la.gov/page/kinship-navigator. Additional assistance or more information on the Kinship Navigator Program is also available by sending an email to DCFS.kinshipcare@la.gov.

The Kinship Navigator Program in Louisiana has responded to the increase in need and capacity to serve kinship caregivers. The goals of the KNP have continued to focus on improving access to kinship information and resources, stabilizing families and achieving permanency for children so that they remain safely in the home, and ensuring the highest level of well-being possible for kinship caregivers and the children/youth in their care.
The DCFS plans to continue work with a focus on providing ongoing KNP direct program services, increasing the capacity for FRC KN specialist program data, and supporting the DCFS to continue partnering with the kinship community to implement evidence-based strategies to improve parenting across the state. The DCFS will continue work towards:

- Increasing support to kin caregivers statewide by improving access to information, services, and resources across the state.
- Improving services to assist children in achieving safety, permanency, and well-being when placed with a kin caregiver.
- Increasing placement stability with services and supports.
- Increasing kinship caregiver satisfaction and well-being.
- Increasing the number of kinship caregivers equipped to practice quality and trauma informed parenting.

For planned activities for **Intercept and Child First services** see the **Family First Prevention Services Act Transition Grants** update section on pages 157-167.

GOAL 5: QUALITY LEGAL REPRESENTATION- Decrease time to permanency by a minimum of 10% by improving the quality of legal representation and court hearings and increasing information critical for decision-making and timeliness in CINC cases.

- Increase the use of the CINC Benchbook and court documents by judges, court staff, and attorneys involved in CINC cases.
- Increase the quality of information provided in CINC court reports.
- Increase the number of CINC cases that follow mandated timelines.
- Decrease the Title IV-E ineligibility of CINC orders.
- Increase the number Foster Caregiver Progress Forms submitted by foster caregivers prior to CINC hearings.
- Decrease the number of hearing continuances in CINC cases.
- Increase the number of times children attorneys receive timely contact information for their client and notice of placement changes from DCFS.
- Increase the quality of testimony of DCFS staff in court and their understanding of the CINC legal process.
- Increase the attendance of parties and attorneys at Family Team Meetings (FTMs).
- Increase attorney knowledge of and fluency with CINC trial skills;
- Increase judges' and attorneys' knowledge of CINC.

- Increase the number of multidisciplinary legal representation teams (ex. Peer advocate, social worker, etc.).

Data Collection:

The following DCFS data will be collected as metrics to reassess objectives as needed to successfully increase Item 6:

(1) DCFS staff are increasingly satisfied with court reports;
(2) Decrease in continuances;
(3) Children's attorneys increasingly receive timely client contact information from DCFS and notice of placement changes;
(4) DCFS staff feel increasingly more confident about testifying/speaking in court;
(5) DCFS staff feel increasingly more confident in their understanding of the CINC legal process;
(6) DCFS receives an increase of Foster Caregiver Progress Report's from foster caregivers;
(7) Increase in time to permanency in jurisdictions with multidisciplinary representation teams in comparison with jurisdictions without multidisciplinary representation teams; and
(8) Decrease in Title IV-E ineligible orders.

Data will be collected via survey and/or focus groups from judges, attorneys, and other legal stakeholders as metrics to reassess objectives as needed to successfully increase Item 6:

(1) Judges increasingly use the Benchbook
(2) Judges increasingly use the template court documents;
(3) Judges and attorneys are increasingly more satisfied with court reports;
(4) Continuances decrease
(5) Children's attorneys increasing receive timely client contact information from DCFS and notice of placement changes;
(6) Attorneys and judges feel increasingly confident in their knowledge of CINC; and
(7) Attorneys feel increasingly confident in utilizing CINC trial skills.

Key Activities:

- Update CINC Benchbook, court documents, and court reports to include new legislation and policies, make improvements based on feedback, and ensure Title IV-E compliance. Create strategies and trainings to improve use of CINC Benchbook, court documents, and court reports and implement strategies and trainings.
- Create a CINC Timeline template that judges, attorneys, and DCFS staff can use to track required timelines in accordance with state and federal law and policy and to ensure Title IV-E compliance. Create strategies and trainings to improve use of the CINC timeline document and implement strategies and trainings.
- Propose amendments to the Louisiana Children's Code to include required timing for CINC hearings and findings per Title IV-E.
- Establish an efficient process for ensuring children's attorneys receive contact information on their clients from DCFS before the Continued Custody and/or Continued Safety Plan Hearing as well as timely notice of the child's placement changes.
- Assess data necessary to identify reasons for continuances and delays in hearings; Assess the reasons for continuances and delays in hearings (i.e., attorney capacity, birth certificates, notice to attorneys, court dockets, DCFS not having time to meet clients,

readiness meetings, etc.), create strategies to decrease continuances, and implement strategies.
- Assess the attendance of stakeholders and attorneys at Family Team Meetings (FTMs), create strategies to improve attendance, and implement strategies.
- Create strategies and trainings to increase the number of Foster Caregiver Progress Forms submitted by foster caregivers prior to CINC hearings and implement strategies and trainings.
- Provide courtroom simulation training to DCFS staff to improve the quality of testimony of DCFS staff in court and their understanding of the CINC legal process.
- Provide trial skills and motion practice training to CINC attorneys.
- Assess providing an annual one-day or more multidisciplinary training for judges, attorneys, and DCFS staff on critical child welfare matters.
- Partner with CINC representation programs/offices to increase the number of multidisciplinary legal representation teams (ex. Peer advocate, social worker, etc.) including through continued assessment of Title IV-E reimbursement opportunities.
- The DCFS will continue to partner with the Pelican Center/Louisiana Court Improvement Program (CIP).

Measures of Progress:

- Measured quantitatively through CFSR Item 6 and DCFS data on Foster Caregiver Progress Forms, ineligible orders, Family Team Meetings (FTMs) attendance, court documents, and jurisdictions with multidisciplinary representation teams. Measured qualitatively through data collected from CINC Attorneys, Judges, and DCFS Staff from surveys and/or focus groups.
- There will be an Increase in CFSR Item 6 by a minimum of 5% in substantially achieved by 1st quarter 2026 (RP1 2026) compared to the baseline measure RP1 2024.
- An additional 5% increase will be seen in substantially achieved by the 1st quarter 2028 (RP1 2028) in comparison to RP1 2026.
- The Agency will develop additional adhoc reviews and other data collecting means, such as surveys and focus groups, as needed to further assess any identified/potential areas of exploration.

Quality Legal Representation Update FFY 2025:

- To assess progress and set measurable baselines, the CIP conducted a CIP Survey with 82 judges and attorneys, and the CIP and DCFS CQI Unit met monthly to discuss CFSR items as well as qualitative data received from frontline DCFS and legal stakeholder staff.
- Assessed information, laws, policies, and best practices that need to be added to and/or changed in the CINC Benchbook, court documents, and court reports. Collected qualitative feedback from child welfare and legal stakeholders at committee meetings and various trainings on needed changes. Also, collected qualitative feedback through a CIP Survey conducted on 82 attorneys and judges, which provided a baseline of current usage and improvements needed.
- Created a CINC Timeline template that judges, attorneys, and the DCFS staff can use to track required timelines in accordance with state and federal law and policy and to ensure Title IV-E compliance. Provided three training opportunities to judges to improve use of the CINC timeline document.

- Established an efficient process to ensure children's attorneys receive contact information on their clients from the DCFS before the Continued Custody and Continued Safety Plan Hearing as well as timely notice of the child's placement changes. Partnered with the DCFS to incorporate the process and template forms into DCFS Policy.
- Identified reasons for continuances and delays in CINC hearings through: Conducted a CIP Survey on 82 attorneys and judges; collected feedback from CIP committees and trainings; and collected feedback from the DCFS staff through regional meetings.
- Identified barriers to quality Family Team Meetings (FTMs) and attendance through: Conducted a CIP Survey on 82 attorneys and judges; collected feedback from CIP committees and trainings; and collected feedback from the DCFS staff through regional meetings.
- Provided a training regarding foster caregivers' rights to notice and be heard in court and how to use the Foster Caregiver Progress Form. The training is now offered on demand on the clarola.org website.
- Provided courtroom simulation training to 170 DCFS staff in twelve jurisdictions to improve the quality of testimony of the DCFS staff in court and their understanding of the CINC legal process. Participants' knowledge and confidence improved from an average test score of 83 to 93 percent.
- Provided trial skills and motion practice training to CINC attorneys.
- Partnered with CINC representation programs/offices to increase the number of multidisciplinary legal representation teams (ex. Peer advocate, social worker, etc.) by increasing their Title IV-E reimbursement opportunities through an amended CAP and new invoicing options.

For more information, see Section 1: Committees, Workgroups, and Partnerships with Public Agencies/Entities and the Training Plan: Training for Community Partners.

Quality Legal Representation FFY Planned Activities FFY 2026:

- Conduct another CIP Survey to measure progress.
- Update CINC Benchbook, court documents, and court reports to include new legislation and policies, make improvements based on feedback, and ensure Title IV-E compliance. Create strategies and trainings to improve use of CINC Benchbook, court documents, and court reports and implement strategies and trainings.
- Continue to train on CINC timelines and the CINC Timeline template, which will be incorporated into all the CINC Trial Skills Training, Courtroom Simulation Training, and other applicable trainings. Training will also be provided at two fall conferences and one spring Judge's Conference. A specialized training will be created for judges and provided at least once.
- Continue to assess reasons for continuances and create strategies to address reasons.
- Propose amendments to the Louisiana Children's Code to include required timing for CINC hearings and findings per Title IV-E.
- Implement policy and forms created to ensure children's attorneys receive contact information of their clients from the DCFS before the Continued Custody and/or Continued Safety Plan Hearing as well as timely notice of the child's placement changes.
- Assess the attendance of stakeholders and attorneys at Family Team Meetings (FTMs), create strategies to improve attendance, and implement strategies.

- Create strategies and trainings to increase the number of Foster Caregiver Progress Forms submitted by foster caregivers prior to CINC hearings and implement strategies and trainings.
- Continue to provide Courtroom Simulation Training to DCFS staff to improve the quality of testimony of DCFS staff in court and their understanding of the CINC legal process. The plan is to provide at least ten Courtroom Simulation Trainings in FFY 2026.
- Continue to provide trial skills and motion practice training to CINC attorneys. A Motion Practice Training is provided on demand on the CLARO website and will also be provided at the annual Together We Conference. The Trial Skills Training will be provided at least once in FFY 2026.
- Continue to partner with CINC representation programs/offices to increase the number of multidisciplinary legal representation teams (ex. Peer advocate, social worker, etc.) including through continued assessment of Title IV-E reimbursement opportunities.
- Continue to provide technical assistance to judges and attorneys in CINC cases.
- Continue to partner with the DCFS to improve the quality of legal representation in CINC cases.

STAFF TRAINING, TECHNICAL ASSISTANCE AND EVALUATION:
Staff Training: For an update and activities planned on **Staff and Provider Training**, please refer to the **Training Plan** on pages 214-244 and to the attached **Appendix B Updates**.

Technical Assistance & Evaluation: Training and technical assistance provided to the regions will include policy development; on-site training; distance learning opportunities [pre-service and in-service]; pilot programs; program specific training; practice evaluation; training identified through surveys and needs assessments; case staffings; facilitated meetings; supervision and case management in regions with critical shortages of staff due to high turnover; modeling; coaching; and, mentoring of field staff and supervisors statewide. The Department of Children and Family Services (DCFS) executive management and Child Welfare (CW) executive management conducts meetings with field staff at least once per quarter to discuss performance, workforce development and other identified concerns.

SECTION 4: SERVICES: CHILD AND FAMILY SERVICES CONTINUUM

A. Centralized Intake (CI) Program: Centralized Intake (CI) is a child abuse and neglect hotline and a component of the DCFS Child Protective Services system responsible for receiving and dispositioning all reports of suspected child abuse and/or neglect. Centralized Intake is managed 24 hours a day, 7 days a week, and 365 days a year. Hotline decisions are the point of entry for family involvement in the child welfare system and therefore impact the safety, permanency, and well-being of vulnerable children. Getting the screening decision right (whether to screen a case in or out of the system) is one of the most important functions of a child protection agency. Decisions for agency intervention are determined by criteria as defined by Louisiana Law and the DCFS Child Welfare Policies.

The Department provides a toll-free, statewide child abuse reporting hotline number (1-855-452-5437) that is available 24 hours a day, 7 days a week (24/7). The hotline is operated by the DCFS Child Welfare teleworkers who are domiciled throughout the state. The Department contracts with a vendor to enable the provision of this service. The provider of the hotline call center system is

responsible for routing the calls to the intake workers and other contractual requirements. Redundant and backup systems are utilized to provide 100% availability 365 days a year. Phone systems solutions are provided by the contractor and the hardware/software needed.

The workforce requires specialized skills and rapid responses to reports of abuse and neglect. Centralized Intake Staff receive specialized Child Welfare training and other intake duties including the application of specialized technology that facilitates the management of this system. Currently, the unit is comprised of 51 Child Welfare Specialists who receive hotline calls and enter the Mandated Reporter portal (written reports) of child abuse and/or neglect in the CW ACESS application. Reports are electronically sent to local office queues for actions required by the assigned disposition. In addition, the unit is comprised of ten Child Welfare Supervisors, three Child Welfare Manager 1's, two Child Welfare Consultants, and one Child Welfare Manager 2.

Centralized Intake 2025 – 2029 goals:

1. Conduct a mapping of business processes through the use of Lean methodology and Six Sigma strategy to Define, Measure, Analyze, Improve, and Control. Develop and implement strategies to improve process efficiencies and create a more agile system that operates in real time and reduces cumulative delays. Implement the results of the evaluation.
2. Identify and analyze call center performance targets for the hotline for monitoring Centralized Intake hotline performance: ASA (Average Speed to Answer) <15 minutes; Percent of Calls Answered and Call Backs 85%, Talk Time <30 minutes; Handle Time 45 minutes.
3. Identification of areas in policy in need of clarification and/or alignment in terms of policies, law, practice and decision-making through monthly meetings with Regional Case Assigners and CPS Policy Workgroups.
4. Analyze hotline call data to ensure adequate coverage during peak call times. Explore simplifying shift schedules of intake staff based on data to ensure appropriate staffing decisions based on trends for peak-hour call periods.

Centralized Intake Update FFY 2025: The DCFS continued to work on enhancing competencies by redesigning and developing a comprehensive curriculum for new worker orientation, as well as ongoing training for all Centralized Intake staff focusing on gathering information and decision making. In October 2024, the agency began evaluating the training protocols currently utilized in New Worker Orientation, focusing on the data collection process.

In an effort to improve hotline interviewing, the DCFS collaborated with the New Orleans Children's Advocacy Center in the development of Effectively Interviewing Child Sexual Abuse Intake training and Vicarious Trauma training issued to centralized intake staff in January 2025. These trainings are designed to equip staff with the skills needed to identify and address challenges faced by reporters and enabling interviewers to effectively navigate calls. The training focused on areas such as report taking from various types of reporters, concerning behavior based on age groups, warning signs and specific consideration was placed on children with disabilities and/or mental health diagnoses, and types of interview questions for child sexual abuse, and navigating information collection of the key areas of safety including threats of harm, severity, vulnerability, and caretaker protective capacities.

The DCFS has utilized the Lean Methodology and Six Sigma strategies to map the agency's processes to effectively analyze, improve, and reduce manual workflows. This included identifying and exploring technological support that can contribute to improved time management.

In December 2024, DCFS worked to assess its current workflow and data entry processes within Acess 2.0 in an effort to pinpoint changes that could enhance efficiency and minimize manual operations.

Centralized Intake Management and the Regional Case Assigners continued to hold monthly meetings to review intakes and dispositions, trends and policy to ensure that all parties remain aligned and informed on case developments. Please see the charts below for received intake.

2024	October	November	December
# of Reports Received	5319	4172	3,925
# of Reports Accepted for Investigation	2129	1701	1,702
% of Reports Accepted	40%	40%	43.36%

2025	January	February	March
# of Reports Received	4,092	4,809	4,754
# of Reports Accepted for Investigation	1,841	2,035	2,061
% of Reports Accepted	44.99%	42.32%	43.35%

2025	April	May	June
# of Reports Received	4,844		
# of Reports Accepted for Investigation	2,041		
% of Reports Accepted	42.13%		

Centralized Intake Planned Activities FFY 2026: Centralized Intake will continue to participate in meetings with contractors and other DCFS staff in the development of CCWIS. Centralized Intake will continue training sessions in the areas of juvenile trafficking, domestic violence, illegal drug use and impact on children, and other specialized areas.

B. Human Trafficking (HT) Services: In accordance with the Preventing Sex Trafficking and Strengthening Families Act, Public Law 113-183, and Act 564 of 2014. DCFS is committed to identifying, protecting, and providing services for children, as well as adults, such as a parent/caretaker, who have been identified as trafficking victims or are at risk of being a potential human trafficking victim. The DCFS has strategies in place to identify human trafficking victims or potential victims at intake and during the initial stages of the assessment phase of the case due to specific indicators. The DCFS also serves on the Louisiana Human Trafficking Prevention Commission and Advisory Board and is planning how recommendations will be implemented from the report submitted last year. The DCFS is working to develop specialized foster homes for trafficking victims, while continuing to adjust parts of the Human Trafficking Model as needed. Training for staff will continue with additional, more in-depth, classroom sessions. The DCFS will complete the curriculum for tier 2 and 3 classroom sessions. Safety plans for victims of human trafficking will be developed for prevention and support for trafficking victims. There are two (2) specialized residential facilities for human trafficking victims in Louisiana: Metanoia and Free

Indeed. Currently there are state level staffings for human trafficking cases. Once a victim or potential victim is identified, the Human Trafficking Victim Notification Form is emailed to the Louisiana DCFS State office via email at: dcfs.humantrafficking.dcfs@la.gov and staffing shall occur within five (5) business days. The DCFS plans to begin Multi-Disciplinary Team (MDT) staffings for Human Trafficking cases in the nine (9) regions throughout the state. The team will consist of service providers, medical professionals and individuals who can provide needed support for victims and potential victims of human trafficking and their families.

Human Trafficking Services 2025-2029 goals:

1. Improve Care Coordination through ongoing collaboration with stakeholders and the advisory council.
2. Implementation of the Labor Trafficking Indicator tool within child welfare programs.
3. Disseminate specialized intermediate and advanced human trafficking training to staff and stakeholders.

Objectives:

1. Improve outcomes for child victims of human trafficking and expand local partner engagement within the care coordination process.
2. Ensure there are benchmarks and real-time data to support efforts in the evaluation and improvement of victim services. Collect feedback from care coordination participants to determine the effectiveness of care coordination meetings, protocols, processes and the advisory council.
3. Increase the number of care coordination referrals. Feedback from care coordination participants will assist in identifying areas of improvement.
4. The objective identified address the specifics of the goal to demonstrate how improving care coordination will impact better outcomes of child victims of trafficking.
5. Improvement in the identification of children who may be a victim of labor trafficking.
6. Updates to Intake Labor Trafficking Screening Tool as well as implement labor trafficking screening tool policy for CPS, FS and FC programs.
7. Methods will be developed in how labor trafficking screenings will be completed, collected and tracked.
8. An increase in labor trafficking screenings across all child welfare programs.
9. Human Trafficking consultants will be complete the train-the-trainer for both intermediate and advanced trafficking training.
10. Human Trafficking consultants will train child welfare staff and stakeholders across the state to better educate on human trafficking which will ensure better services to child victims of human trafficking and improve outcomes.
11. Intermediate and Advanced Human Trafficking Training will be scheduled in each region and attendance will be tracked.
12. Evaluations will be created to gain feedback from participates and will gage improved knowledge on human trafficking as well as assist in identifying areas of needed improvement.

Human Trafficking (HT) Services Update FFY 2025: During FFY 2025, the Department of Children and Family Services continued to receive reports of alleged child sex trafficking, centralizing these calls to enhance coordination among state agencies, law enforcement, and service providers responsible for investigating cases, ensuring victims' safety, and advocating for their needs.

During FFY 2025, the DCFS Human Trafficking Unit served 650 victims statewide. Of the human trafficking victims served, 284 were confirmed victims, 359 were suspected victims and 7 were of unknown status. The victims consisted of 555 juveniles and 104 adults. Of the adults, 41 were served in the EFC program.

The DCFS continued to offer specialized case consultation focused on human trafficking, providing expert knowledge of available services and fostering partnership in specialized case management. This support is extended to internal staff for all suspected or confirmed victims throughout the duration of the case, ensuring comprehensive care and advocacy.

Please see the charts below of human trafficking victims served population in CY 2024:

HT Clients Served in CY 2024	
Served as Minor or Adult	**TOTAL**
Adult	120
Minor	648
Total Unique Clients	**756**

* Please note that the total does not match the number served as a Minor or Adult because a client may have been served as both a Minor and an Adult in multiple programs during the year.

HT Clients Served by Program in CY 2024	
Program	**TOTAL**
AD	28
CPI	600
EFC	44
FC	251
FS	109
SP (Parent)	26
Total Unique Clients	**756**

* Please note that the total does not match the number served as a Minor or Adult because a client may have been served as both a Minor and an Adult in multiple programs during the year.

HT Clients Served by Victim Status in CY 2024	
Victim Status	**TOTAL**
Suspected	420
Confirmed	329
Status Missing	7
Total Unique Clients	**756**

* Please note that the total does not match the number served as a Minor or Adult because a client may have been served as both a Minor and an Adult in multiple programs during the year.

During CY 2024, the DCFS recorded its highest incidence of trafficking in East Baton Rouge, Orleans, Rapides, Tangipahoa, and Lafayette Parishes, with victims primarily originating from East Baton Rouge, Orleans, Lafayette, Jefferson, and Rapides. The victims ranged in age from 14 to 17 years.

The DCFS systematically forwarded all reported child sex trafficking cases to the Louisiana State Police for referral to the appropriate local law enforcement agency for investigation or further action as warranted. The DCFS conducted investigations into reports of child sex trafficking that included allegations of involvement by parents or caretakers in trafficking activities or other forms of abuse and neglect. Please see the chart below for data on reports sent to the Louisiana State Police.

HT Hotline Data (01/01/24 to 12/31/24)					
Number of Reports to DCFS Hotline	**Number of Alleged Victims reported**	**Number of Reports accepted for DCFS Investigation with parental/caretaker culpability for Juvenile Sex Trafficking**	**Number of Reports accepted for DCFS Investigation involving an alleged sex trafficking victim with parental/caretaker culpability in other types of abuse/neglect**	**Number of Reports DCFS was already serving victim through investigation or foster care**	****Number of Notifications to Louisiana State Police from the hotline**
986 (ST: 953 LT: 36)	1083	133	467	169	954

*ST=juvenile sex trafficking, LT=labor trafficking, AST= Adult Sex Trafficking
**The number of reports sent to LSP might differ than the number of reports received to the DCFS hotline due to Labor Trafficking reports being sent to local law enforcement at this time.

The DCFS Care Coordination services were expanded statewide and served 836 new victims in CY 2024. This collaborative, multi-disciplinary team meeting assessed and responded to the needs of specific trafficking victims. Care Coordination provides 3 services:

- Emergency Response: A multidisciplinary review for a specific case that occurs within 72 hours of referral to address the immediate needs of the victim and provide urgent interventions.
- Ongoing Case Review: A multidisciplinary meeting that occurs regularly to assess one or more cases for service needs, investigative updates, and referral opportunities.
- Advisory Team: A collaborative, multidisciplinary team of field experts that meet regularly to address systemic issues and opportunities in their community's anti-trafficking response.

The DCFS initiated an MOU with the Governor's Office, Office of Human Trafficking Prevention (OHTP) and contracted with the Louisiana Alliance of Children's Advocacy Centers (LACAC) to provide Care Coordination with twenty-one Care Coordinator positions (within 10 CAC's and LACAC) statewide. The DCFS provided 24/7 individualized advocacy services for victims of child sex trafficking providing crisis response and ongoing long-term trust-based relational support. Services are provided statewide by BCFS Health and Human Services, Human Trafficking Interdiction and Unbound Now which serves the Orleans and Baton Rouge Regions. These contracts have the capacity to serve 317 confirmed/clear concern child sex trafficking victims at any point in time. In CY 2024 advocacy services were provided to 409 child sex trafficking victims. The DCFS has six specialized Regional Human Trafficking Consultants to ensure specialized service delivery for victims served by the agency. The DCFS implemented specialized training for Human Trafficking titled, "Responding to Sexual Exploitation and Trafficking: Social Strategies" presented by Leslie Briner, MSW, Intermediate Caseworker HT Training, Advanced Caseworker HT Training, Caretaker HT Training and Love 146 Not A

Number training provided to youth and staff in 22 residential homes. The DCFS provided regular ongoing supportive services to residential care staff regarding service provision to youth who have been trafficked or are at risk of trafficking and their service needs, safety, prevention techniques, and harm reduction. The DCFS disseminated human trafficking posters to be displayed in all Child Welfare offices as well as Emergency Preparedness shelters and provided human trafficking desk cards for all child welfare employees.

Human Trafficking (HT) Services Planned Activities FFY 2026: The DCFS will continue to provide specialized training to staff and caregivers on Intermediate and Advanced Caseworker and Intermediate Caretaker, Love 146 Not A Number and Specialized Human Trafficking Intake. The DCFS will continue to provide ongoing expert and survivor lead human trafficking training for staff within 22 residential homes across the state. The DCFS will continue to utilize Regional HT Consultants to strengthen consistent practice in services delivery to HT victims and improve Care Coordination through ongoing collaboration with stakeholders and advisory councils. The DCFS will develop Familial Sex Trafficking Training in partnership with OHTP and LACAC. The DCFS will continue to locate Therapeutic Foster Home models specific to human trafficking victims from other states for consideration in Louisiana. The DCFS will update Juvenile Sex Trafficking allegation definition due to the passing of ACT 570.

C. Child Protective Services (CPS): CPS is a legally mandated, specialized social service for children who are neglected, abused, exploited, or who are without proper custody or guardianship. The services include: an assessment to determine if the child(ren) have been abused or neglected; a determination, if possible, of the person(s) responsible for the injury or harm; an assessment of the severity of the harm which has occurred; an assessment of the current safety of the child in the home or facility and determination of whether a safety plan/intervention is needed to protect the child from harm, an assessment of future risk of possible harm, provision of emergency services as needed, participation in court hearings, and timely referral to other programs and/or community service providers in order to protect the child(ren) or otherwise serve the families.

CPS 2025-2029 goals:

Goal 1- CCDM: To increase utilization among staff from 40% by 2025, 50% by 2026 and 60% by 2027 and 70% by the end of the five-year goal. Increased CCDM utilization will result in decreased caseloads for field staff, decrease in backlog cases and overall timely closure of CPS cases in each region. This is already being monitored through daily logs being completed and statistics compiled and sent out monthly to each region. Monthly check-ins with each region are held by zoom to discuss this data and to trouble shoot ways of increasing utilization.
This goal will be accomplished by:

- The Leadership Academy will team up with the regions and a consultant agency called Change Innovations. They will talk about trends seen when staff call the CCDM hotline to improve workflow. There has already been an increase in the use of CCDM with the implementation of the Leadership Academy in New Orleans, Thibodaux, Covington, Monroe, and Shreveport Regions. Lake Charles, Lafayette and Alexandria will be added next. Supervisors who are currently meeting CCDM benchmarks meet with the staff and explain how they are able to meet those benchmarks and how it has helped their frontline staff. This also gives the managers of CCDM the ability to hear concerns and issues that may prohibit staff from utilizing CCDM and allows work to facilitate changes in procedures to better meet their needs.
- CCDM is currently at capacity with 12 consultants and 2 managers and will be moving into compliance and utilization to be a support to CPS program. Having and maintaining a full staff

will decrease hold times when staff are calling in, assist with inquiries regarding cases that the consultant sent back to the field, and allows for timely management of statistics and numbers to increase efficiency.
- Draft a proposal to add in policy that CCDM be utilized for ALL cases deemed Invalid and Unable to Locate. This will assist with the reduction of backlog and prevent cases from entering backlog. This will be introduced to the AD's, managers, and supervisors through the Leadership Academy to increase buy in and use of CCDM policy.

Goal 2- PSRT: To reduce the amount of time to get an appeal heard in court. Practice is to have the hearing within 60 days.
This goal will be accomplished by:
- Improving the notification form to the community and the court to have a better understanding, as well as the ability to track letters.
- Interrater reliability meetings are held with BGC and policy changes along with the QA process. Consult, mentor and train with the field to help them understand documentation and understand how to testify.

Goal 3- CPS: To improve initial response time frame.
- To increase, enhance and improve service delivery gap with preventive services.
- To improve and identified risk and safety outcome.

This goal will be accomplished by:
- Supervisors will create a report/log to ensure time frames are met and encourage staff to keep a log.
- Review case logs during daily huddles with staff to establish time frame efforts.
- Utilize Teaming Specialist to assist with completing referral forms. Create a resource folder for each parish.
- Additional training/ CWADM coaching, team up with On the Job Trainers to promote accurate safety and risk assessments.

CPS Update FFY 2025:
CCDM: The Central Decision Making (CCDM) Model encompasses the entire state and all regions. CCDM's capacity decreased from 12 consultants to 11 consultants, losing one position. Consultations increased by over 1,000 calls from the previous year. QA processes were developed within the unit to improve continuity of service and quality practice. Managers are able to monitor calls as well as dispositions of consults with CCDM. This assists in having a more congruent finding between the consultants. The consultants are also given a case to determine if all needed information was collected, documented adequately, and confirmed that the appropriate disposition was used. These cases are discussed in bi-weekly staff meetings in order to coach staff more effectively with disposition, determination, and information gathering.

Policy has been implemented that requires all unable to locate cases be staffed with CCDM. All cases called into CCDM are also to be identified as safe and invalid but there are cases that do not meet a safe and invalid criteria once the staffing has been initiated. Those cases are returned back to the field with a CCDM criteria not met per policy or child determined unsafe. For FFY 2024, 40% of DCFS staff consulted with CCDM, which met the goal established for 2025. Regional check-ins are held monthly with supervisors, managers and area directors to discuss utilization of staff and to discuss any barriers to increasing staff utilization of CCDM.

For FFY 2025, CCDM consultants have staffed a total of 5,578 cases, closing 4,411 in the nine statewide regions with an average closure rate for the months of October 2024 through February 2025 of 79%. For FFY 2024, CCDM consultants staffed a total of 13,087 cases, closing 9,848 with an average closure rate of 75.2%.

CCDM completed the Leadership Academy for all nine regions including meetings with field staff and supervisors across the state to increase utilization within the offices. CCDM also continued to meet monthly with management on a local level in each office to offer information to staff and updates on any successes or barriers.

Policy 4-535 and Appendix 4-E (Investigation timeframes) were both updated on October 15, 2024. The updated policy changes were presented by CCDM in October at the monthly policy training for all staff and Appendix 4-E was presented on March 1, 2025. Policy now requires that all cases deemed safe and invalid are to be closed through the CCDM Unit. This includes invalid and UTL cases.

C!A has completed a new contract request focusing on the Alexandria and Baton Rouge regions. They will continue to assist CCDM managers with reporting and statistical information for the upcoming year. The contractor will provide ongoing co-management through consultation and data reporting to improve capacity, enhance outcomes, and to effectively advance the child welfare priorities identified by the Department. The contract will focus on operations in the Alexandria and Baton Rouge regions to work toward the shared goal of preventing investigations from moving to backlog and reducing the number of investigations open over 60 days through key strategies and actions.

PSRT: The DCFS held its quarterly meetings with the BGC on October 25, 2024 and December 6, 2024. These meetings were focused on issues related to the Division Administrative Law (DAL), discovery processes, timelines, scheduling concerns, barriers, and other emerging issues. The PSRT Unit conducted reviews of cases (no more than 2 years old) to assess for compliance issues identified trends to ensure adherence to agency policy and DAL and to improve agency practice. The PSRT team shared this data twice in the last year at the Child Welfare summits held in July 2024 and January 2025. The information was shared across the state with the DCFS staff and stakeholders that attended.

The PSRT Team also amended the PSRT 2 notification form to provide clarity on changes made to both recipients and the Court by consolidating changes regarding valid findings changed to inconclusive or invalid findings into a single form to streamline the notification process and reduce the overall number of communications sent to recipients regarding changes.

CPS: The DCFS CPS consultants continued to develop and implement trainings for new worker orientation training and refresher courses for all staff to reinforce CPS policy. These training courses are focused on safety planning, verifying custody, completing thorough assessments, and ongoing collaboration with the CAC and law enforcement. Training was offered and required on specific topics including Safety Assessment, Structured Decision Making, CPS Timelines, and Validity. Case consultation from Regional Program Specialists continued to strengthen consistent practice in assessing safety and determining the most appropriate safety plan action.

The DCFS continued to include Dr. Rebecca Hook, DCFS Medical Director, into the staff structure to provide consultation on cases, when needed, especially on cases with substance exposed, medically fragile, and/or children with unstable/inadequate medical care.

Change and Innovation Agency (C!A) is working with CPS to include support for safe haven resources, law enforcement meetings, implementation of FORECAST trauma informed and courtroom simulation experiences, APSAC conference and membership, TWC conference, and statewide CAC training including medical personnel.

During the last FFY, Louisiana DCFS struggled to meet response priority timeframes on initial investigations. The tables below shows what percent of cases had all the victims and at least one perpetrator seen within the response priority, opened by month, that are now closed.

Response Priority Performance Report for Louisiana							
	October 2024	November 2024	December 2024	January 2025	February 2025	March 2025	April 2025
Response Priority	**Pct**	**Pct**	**Pct**	**Pct**	**Pct**	**Pct**	**Pct**
1	49.3%	51.8%	48.0%	50.2%	45.4%	43.9%	55.0%
2	35.8%	32.9%	36.3%	37.7%	36.4%	35.1%	40.7%
3	33.7%	40.2%	44.4%	46.4%	48.6%	40.0%	77.8%
4	40.0%	26.7%	45.1%	29.0%	59.4%	53.8%	60.0%
All Resp. Priorities	40.0%	40.3%	42.1%	43.4%	41.5%	39.2%	48.8%
Number of Cases	**1,774**	**1,347**	**1,248**	**1,229**	**1,088**	**633**	**242**
# of Cases Still Open	**328**	**335**	**435**	**582**	**920**	**1,402**	**1,639**

*Data pulled on 5/1/2025

In an effort to improve the goal of meeting response priority timely, the DCFS added an ACESS mobile app providing easier access to entering case documentation and an enhancement to ACESS in January of 2025 that gives the due date for initial contact for each report on the home screen to help staff see the actual response due date and time. The CPS unit has also encouraged supervisors to complete daily huddles and supervisor logs as a way to help ensure response priority times are being met. CWADM training and OTJ training has continued to help with safety assessment being completed timely.

CPS Planned Activities FFY 2026:

CCDM: The CCDM unit will continue to work towards increasing CCDM's capacity that closely mirrors other states that utilize this consultation service. This will further support field staff and supervisors, with a goal of increasing their CCDM utilization to 50% statewide. The CCDM will continue to work on reducing the backlog and educating staff, specifically in the Alexandria and Baton Rouge regions. Training and coaching of current staff as well as new staff in the policy and CCDM practices will continue during FFY 2026. The CCDM unit will continue to work towards data collection and disbursement of statewide information to the regions regarding outcomes and monthly reporting and assist with QA processes.

PSRT: The PSRT will continue to assess processes and hold quarterly meetings with CPS and the Bureau of General Counsel and roll up data. This will ensure policy and practices are in line with decision making and any areas identified as deficiencies in investigations are addressed. The PSRT

will continue leading bi-annual meetings with each region to discuss PSRT data and will report continued challenges identified during the review process. Trainings will be provided to focus on distinguishing between deficiencies and valid findings during investigations. The PSRT will continue to work with the Bureau of General Counsel to reduce the average scheduling time for an appeal hearing to be conducted. It is the goal to reduce the scheduled wait for the hearing from 4 months to 2.5 months.

CPS: The DCFS will continue work to enhance its CPS practice through use of the ACESS mobile app, ongoing trainings, and case consultations while reinforcing the CWADM model. CWADM Phase Two tools, case consultation and coaching will be used to continue to strengthen consistent practice in assessing safety and determining the most appropriate safety plan action. CPS consultants will continue to work on and develop trainings for new CI and CPS employees and reinforce CPS policy related to safety planning, verifying custody, completing thorough assessments, and ongoing collaboration with the CAC and law enforcement. Training will continue to be offered and required on specific topics including Human Trafficking and Sexual Abuse. The CPS unit will also be working to create and implement a weekly report focusing on initial contact with victims to improve response priority times. The CPS unit is also requesting additional positions in an effort to allow CPS staff to work at or below caseload standards.

During FFY 2026, the Regional CPS Consultant (RCC) position will continue to expand to each region of the state. This will help to ensure new accepted reports of abuse and/or neglect are assigned timely in each region. The CPS unit will continue to work with supervisors on ways to better manage worker caseloads by creating a report/log to ensure time frames are met and encouraging staff to keep a log. CPS supervisors will be encouraged to review these case logs during daily huddles with staff to establish time frame efforts. Utilizing Teaming Specialist to assist with completing referral forms will also be encouraged in an effort to increase, enhance, and improve service delivery gap with preventive services.

D. State Central Registry (SCR): The DCFS conducts State Central Registry (SCR) clearances on individuals as dictated by law. The State also provides individuals with the right to appeal child abuse and neglect validity findings. The following services are provided through this program:

1. Tiered Validity System – Each valid allegation will be assigned to a specific Tier, which will determine whether the incident/perpetrator is placed on the State Central Registry or the state repository of abuse/neglect investigations, and for how long the incident/ perpetrator will remain on the SCR.
2. Due Process – All individuals who were/are found to be a perpetrator of a valid allegation of abuse/neglect have the ability to appeal their finding to the Division of Administrative Law if their appeal rights have not been exhausted. This is handled through the Protective Services Review Team (PSRT).

SCR Update FFY 2025: All DCFS clearances are completed by a Centralized Clearance unit. The DCFS continued to conduct State Central Registry clearances as dictated by law and continued to utilize the Tiered Validity System for each valid allegation. The individuals investigated continued to be afforded the right to appeal valid findings of child abuse or neglect if their appeal rights had not been exhausted.

SCR Planned Activities FFY 2026: The DCFS will continue to conduct State Central Registry (SCR) clearances on individuals as dictated by law. The department will continue to assign each

valid allegation to a specific tier to determine placement on the State Central Registry or the State Repository of abuse/neglect investigations. It is also anticipated that State Central Registry checks will be implemented for all Louisiana public and private school employees this year.

E. Protective Service Review Team (PSRT) "Due Process" Unit: The PSRT unit works closely with the Division of Administrative Law (DAL) to offer "due process" to individuals with valid findings of abuse and/or neglect. One group, which has developed a working relationship in this area, is the Department of Education to ensure that each owner, operator, employee, prospective employee, and/or volunteer in an Early Learning Center receives a State Central Registry Clearance and due process if they were identified as a perpetrator of abuse and/or neglect on the State Central Registry.

The DCFS enhanced due process regarding CPS valid investigative findings on August 1, 2018. Any individual who is found to be a valid perpetrator of abuse and/or neglect can request an Administrative Appeal through the Division of Administrative Law. These individuals are afforded the right to a fair hearing if their appeal rights have not exhausted. Since October 1, 2018, the Division of Administrative Law has received 1,367 appeals from valid perpetrators of abuse or neglect. The DCFS Protective Services Review Team (PSRT), is a state level working group, which reviews the CPS investigation case decision on certain cases in which a child abuse and/or neglect clearance is completed, and a valid finding is determined. PSRT will provide a departmental decision regarding the validity decision, prior to the notification to the individual of their appeal right and the release of the SCR clearance information. The PSRT conducts administrative reviews on investigations, utilizing a standardized instrument, to determine if the validity decision and tier level determination meet policy requirements or if the validity decision, allegation, and/or tier level needs to be changed. The Louisiana Children's Code, definitions of Abuse and Neglect, as well as other DCFS Policy are the guides that are used to maintain or change validity decisions and/or tier levels.

The DCFS maintains the confidentiality of investigative information, and only releases information as allowed by law. After the completion of a PSRT review, via clearance, the client will receive written notice of their appeal rights for any prior investigations in which they were identified as a perpetrator of a valid appealable finding. In most cases, such as requests for DCFS clearances for employment purposes, volunteer purposes, and foster care/adoptive placement, DCFS will not release the name of the perpetrator of a valid case of child abuse and/or neglect, until the individual's administrative appeal rights have been exhausted. It is the policy of the Department of Children and Family Services (DCFS) to allow all individuals the right to appeal their valid child abuse or neglect finding to an impartial decision maker, and this is done through the Division of Administrative Law (DAL). An individual does not have to request a Protective Services Review as these reviews are completed in some instances via a clearance process before the client is made aware of their administrative appeal rights; however, a client must request an appeal through (DAL) if they would like their case to be reviewed by a DAL Judge. It should be noted that individuals are placed on the State Central Registry (SCR) or State Repository (Repository) as a result of a valid child abuse and/or neglect investigation, after the exhaustion of an individual's due process rights.

The Department of Children and Family Services (DCFS) has a Tiered Validity System that determines an individual's placement on the State Central Registry (SCR) as a result of a valid child abuse and/or neglect investigation. The tiered system determines the length of time an

individual remains on the SCR, and how long the information within the investigative record will be maintained in the State Repository (Repository).

The Tiered Validity System is a mechanism to assign each valid allegation to a particular tier, based on the degree of severity of the allegation. Each valid perpetrator of abuse and/or neglect will have a tier assignment for each investigation. When there are multiple valid allegations that are assigned to different tier levels, the highest tier level will be used for the SCR and State Repository. When the PSRT completes a review, the tier level is reviewed to ensure that the assigned tier level is aligned with the allegation and is appropriate and ensure the client is not placed in a tier that is higher or lower than the policy requirement as this could affect employability.

PSRT 2025-2029 goals:

1. DCFS will continue to consider the possibility of including a two-step process for clients in relation to due process. The two-step process provides the client with an opportunity to appeal the finding should the internal review maintain the validity decision. DCFS will continue to explore the two-step process and how to integrate the process into the identified electronic program. Updates to the Protective Services Review Team (PSRT) policy will be requested regarding the two-step process prior to the identified electronic program's implementation of the process. Once the two-step process has been implemented, PSRT will begin the process to change the Administrative Rule LAC Section 1111 to align with the two-step process.
2. The Protective Services Review Team (PSRT) will work toward improving the notification forms to allow the recipient and the Court to have a better understanding of any changes made during the process of the PSRT review. Currently, if multiple changes are completed by the PSRT, the recipient may potentially receive more than one notification form to explain the changes. The PSRT will work program developers to consolidate the changes onto one form and to ensure the information changed is clear to all parties.
3. The PSRT will continue to ensure clients with a valid finding of child abuse and/or neglect receive notice of their due process rights. PSRT will work with program developers to establish a way to track the mailing of the PSRT valid notification forms (Form 17) to ensure the individual has been mailed their notification of due process rights.
4. There are currently several factors that prevent hearings from being conducted within the 60-day time frame, to include the Appellant's pending criminal matters related to the valid finding and/or their incarceration. The PSRT will work toward reducing the amount of time it takes to have an administrative appeal hearing conducted and to achieve this within the 60-day time frame.
5. The PSRT will continue to implement interrater reliability efforts to ensure there is consistency with PSRT review decision making. This includes ensuring the Department's policies and practices are in line with federal and state laws, in addition, to ensuring review decisions are free from implicit biases and consider cultural differences. This will be achieved through quarterly meetings with the Bureau of General Counsel, utilizing Quality Assurance reviews, and weekly panel meetings to discuss cases of concern or that may require a modification of a valid finding.
6. The PSRT will continue to provide support, consultation and training to field staff regarding the appeals process. The PSRT will continue to conduct biannual meetings with regional leadership to discuss PSRT data and to report continued challenges identified during the review and appeal processes. The PSRT will continue to conduct one-on-one meetings with the local staff to provide support and training, when requested.

PSRT Update FFY 2025: During FFY 2025, the Protective Services Review Team initiated 2,401 Protective Services Reviews (PSRs). Of the statewide PSR decisions for FFY 2024, 1,427 Maintained (59%), 934 Overturned (39%). There are currently 40 (2%) Pending. Overall, this was an increase of 304 PSR compared to the FFY 2023. For FFY 2024, the three regions with the largest number of Protective Services Reviews (PSRs) were the Covington Region (432), Greater New Orleans Region (408), and Shreveport Region (310). The Lake Charles Region obtained the highest PSR Maintain rate of 72%. Alexandria Region obtained the lowest PSR Maintain rate of 43%.

In FFY 2024, there were 4 less appeals than in FFY 2023. Of the Appeal dispositions received for FFY 2024, there were 703 appeals with 302 Maintained, 171 Overturned, 113 Dismissed by Court/Client, 39 Dismissed by State, and 78 pending without decisions rendered. Including the decisions rendered, there was a statewide maintain rate of 64% with an overturned rate of 36%. The Lake Charles Region obtained an 89% maintain rate, which was the highest for the state. In contrast, the Alexandria Region obtained 47% maintain rate, which was the lowest statewide. When analyzing the overturned appeal data, this information is calculated as a combination of appeal cases dismissed by the State and those with reversed allegation decisions by the Court. Dismissed by the State means the DCFS filed a motion to dismiss an appeal as moot due to allegations that had a validity finding changed to invalid or inconclusive based off the results of the Protective Services Review of the CPS investigation case. The current data system, ACESS 2.0, was enhanced during this FFY to differentiate between the two appeal decisions. Due to this, some of the dismissed by State decisions were captured in the data for overturned. It is anticipated that the majority of these decisions merged will be corrected by the data report for FFY 2025. The Dismissed by State decision has been implemented for those appeals filed starting July 1, 2024.

The DCFS held its quarterly meetings with the BGC on October 25, 2024, December 6, 2024, and March 12, 2025. These meetings focused on issues related to the Division Administrative Law (DAL), discovery processes, timelines, scheduling concerns, barriers, and other emerging issues.

The PSRT Unit conducted reviews of cases (no more than 2 years old) to assess for compliance issues and identify trends to ensure adherence to agency policy and DAL and to improve agency practice.

On July 1, 2024, the PSRT Team amended their PSRT 2 notification form to provide clarity on changes made to both recipients and the Court by consolidating changes regarding valid findings changed to inconclusive or invalid findings into a single form to streamline the notification process and reduce the overall number of communications sent to recipients regarding changes. The DCFS is currently collaborating with Louisiana State Representative Senator Regina Barrow and the Sexual Abuse Taskforce to ensure that the language used in notifications to victims of sexual abuse is more unified, trauma-informed and sensitive language.

The DCFS is not currently outsourcing its quality assurance processes for overturned cases or instances where staff members disagree with the findings. This responsibility has been designated to the Agency's Manager 2, who will provide high-level oversight when a quality assurance request is initiated by the CPS Manager or Area Director (AD) when there is a disagreement with the PSRT or BGC panel's recommendation to overturn a valid finding. In such cases, the manager or director is required to document their reasoning in writing. Subsequently, the Child Welfare

Manager 2 will provide a response, and follow-up will occur with the field regarding the final decision. No tracking mechanism has been established at this time.

The PSRT provided review and appeals data to each region annually in July 2024 and January 2025 to discuss findings and get feedback.

Appeals Requested to the Division of Administrative Law (DAL)					
Worker Region	**April 1, 2024 – September 30, 2024**	**October 1, 2024- April 30, 2025**	**May 1, 2025- September 30, 2025**	**October 1, 2025- April 30, 2026**	**May 1, 2026- September 30, 2026**
CW Region 1 Greater New Orleans	59	55			
CW Region 2 Baton Rouge	46	37			
CW Region 3 Covington	60	65			
CW Region 4 Thibodaux	34	33			
CW Region 5 Lafayette	34	51			
CW Region 6 Lake Charles	17	16			
CW Region 7 Alexandria	30	29			
CW Region 8 Shreveport	29	31			
CW Region 9 Monroe	23	13			
Statewide Total	332	330			

Disposition of Appeals Requested to the Division of Administrative Law (DAL) during FFY 2025* (10/1/2024 – 4/30/2025)							
Worker Region	**DCFS Decision Maintained**	**DCFS Decision Overturned**	**Case Dismissed by Court**	**Case Dismissed by Client**	**Case Dismissed by State**	**Pending as of 4/30/2025**	**Total**
CW Region 1 Greater New Orleans	13	0	7	0	7	28	55
CW Region 2 Baton Rouge	7	0	6	1	2	21	37
CW Region 3 Covington	20	0	3	4	4	34	65
CW Region 4 Thibodaux	10	0	4	0	4	15	33
CW Region 5 Lafayette	16	1	5	1	0	28	51
CW Region 6 Lake Charles	3	0	1	0	2	10	16
CW Region 7 Alexandria	1	0	4	3	4	17	29
CW Region 8 Shreveport	8	0	0	1	4	18	31
CW Region 9 Monroe	1	0	1	0	2	9	13
Statewide Total	79	1	31	10	29	180	330

PSRT Case Reviews Created FFY 2025* (10/1/2024 – 4/30/2025)				
Worker Region	**Valid Finding Maintained**	**Valid Finding Overturned**	**Pending as of**	**Total**
CW Region 1 Greater New Orleans	126	56	4	186
CW Region 2 Baton Rouge	69	38	4	111
CW Region 3 Covington	146	49	1	196
CW Region 4 Thibodaux	66	34	4	104
CW Region 5 Lafayette	79	24	0	103
CW Region 6 Lake Charles	27	26	0	53
CW Region 7 Alexandria	70	44	2	116
CW Region 8 Shreveport	94	49	2	145
CW Region 9 Monroe	47	10	8	65
Statewide Total	724	330	25	1079

(*Note: PSRT reviews occur prior to DAL appeal hearings and prior to release of SCR or Repository Child Abuse Clearance results. PSRT reviews occur on both new and old cases***.)**

PSRT Planned Activities FFY 2026: PSRT will maintain its collaboration with the State Office of Child Protective Services to implement statewide training designed to assist CPS workers in differentiating between a childcare deficiency and a valid finding during their investigative decision-making process. The objective of this initiative is to enhance the accuracy of decision-making in cases involving alleged perpetrator actions within day care centers, residential facilities, or other childcare settings.

The PSRT will continue quarterly meetings with CPS and Bureau of General Counsel and roll up data to ensure policy and practices are in line with decision making and continue to address any errors PSRT has identified as deficiencies in investigations.

The PSRT will continue leading bi-annual meetings with each region to discuss PSRT data and will report continued challenges identified during the review process. Upon request, the PSRT will conduct in-person meetings with the local offices to provide support and training. These meetings will assist the field in increasing their knowledge and addressing concerns that have been identified as barriers.

The PSRT will implement trainings for Child Welfare field staff geared toward correctly applying CW policy 4-535 Investigation Decisions to practice, how to testify during an Administrative Appeal, and how to correctly identify the difference between the Lack of Adequate Supervision and Dependency allegations. The PSRT will continue to assess the field's need for any additional trainings.

The PSRT will continue to work with the Bureau of General Counsel to reduce the average scheduling time for an appeal hearing to be conducted. It is the goal to reduce the scheduled wait for the hearing from 4 months to 2.5 months.

F. Family Services (FS) Program: The FS program provides services to families following an allegation of child neglect and/or abuse when immediate safety concerns appear manageable, yet future risk of harm continues to be a concern. These families have been assessed as needing services provided while the child remains in the home. The families are encouraged to voluntarily partner with the department to improve parental protective capacities and reduce risk to their children. However, the department does seek court intervention to gain family cooperation, and, in limited situations, families may voluntarily request services when there is very low risk. In these situations, court involvement is needed in order to prevent further child abuse or neglect from occurring, or families are desperate for assistance in providing better care to their children. Services are provided on a statewide basis. Workers conduct comprehensive family assessments with families struggling to overcome critical issues related to safety or risk. Case plans are jointly developed with the family for the goal of strengthening families to provide a safe, stable home environment for their children. The FS worker, as the case manager, may arrange for additional services based upon the family assessment. Services may be concrete and focused on accessing resources to address basic needs such as food or shelter or may be focused on more complex issues requiring medical or therapeutic intervention.

The FS programs seek to provide quality individualized services to families in a timely manner. These services will enhance parental protective capacities while reducing the future risk of maltreatment. Cases are transferred to the Family Services program within five days of the need

for referral being identified. Workers are engaging with families at initial contact and continuing throughout the life of the case. During the engagement process, families are assessed for supports, strengths and areas of concern, thereby leading to an individualized case planning process within thirty days. This strategic and family focused planning and connecting to services ultimately leads to shorter lengths of intervention and reduced recidivism for families. It also lessens the likelihood of family separation.

Quantitative measures used to determine trends, show strengths, and areas of concern:

- Recidivism rate data report
- Intervention length data report
- Removal during intervention data report
- TBH saturation data report
- Case worker monthly visits data report
- SDM completion data reports

Information collected from these reports are utilized to focus staff development/training, policy updates and practice change, and identify service needs.

Qualitative measure:

- CQI case review item 2 relative to services to family to protect child(ren) in the home and prevent removal
- CQI case review item 3 relative to risk and safety assessment and management
- CQI case review item 12 relative to Needs and Services of Child and Parent
- CQI case review item 13 relative to Child and Family Involvement in Case planning
- CQI case review item 14 relative to Case worker visits with Child
- CQI case review item 15 relative to Case worker visits with Parents
- CQI case review item 16 relative to Educational needs of the Child
- CQI case review item 17 relative to Physical Health of the Child
- CQI case review item 18 relative to Mental/Behavioral Health of the Child
- Supervisory engagement Feedback survey
- CWADM case reviews
- FS Consultant field level staffing and consultation

Information collected from these reports are utilized to focus staff development/training, policy updates and practice change, and identify service needs.

Lived experience involvement:

- Parent Partner mentoring as part of the Family Resource Center redesign, funded through PSSF grant
- Supervisory engagement Feedback survey, which focuses on caseworker engagement and client satisfaction

FS Update FFY 2025: FS Program Consultants continued to conduct CWADM case reviews. After the review is complete, exit conferences were held with frontline staff to discuss the outcome of these reviews. Information obtained from CWADM case reviews continued to be utilized in the consultation and development of FS field staff. In Quarter five (July 1, 2024-September 30, 2024),

fourteen FS cases were reviewed in the regions that had completed CWADM coaching (Monroe, Alexandria, Lake Charles, Shreveport, Covington, Thibodaux, Baton Rouge and Orleans).

In Quarter six (October 1-2024-December 31, 2024), ten FS cases were reviewed in all regions, as CWADM coaching had completed the first round of Coaching in all nine regions (Monroe, Alexandria, Lake Charles, Shreveport, Covington, Thibodaux, Baton Rouge, Orleans and Lafayette.) In Quarter seven (January 1, 2025-March 31, 2025), thirteen FS cases were reviewed from all nine regions.

For FS, one area of focus has been on whether the case transfer staffing was held between CPS and FS. In Quarter five, this happened in all fourteen cases, making the rating 100%. In quarter six the transfer staffings were held 90% of the time and in Quarter seven, there was a slight increase to 92.3% of the time. The review also looks at whether the information on the referral packet was sufficient for the case transfer, and in quarter five this was the case in 78.6% of cases, but this declined to 50% in Quarter six and went up to 61.5% in Quarter seven. The sufficiency of collateral information was 57.1 % in Quarter five but increased to 70% in Quarter six and held steady at 69.2% in Quarter seven. When looking at the Assessment of Family Functioning, this was comprehensive in only 35.7% of cases in Quarter five but increased to 60% in Quarter six and increased again to 69.2 % in Quarter seven, showing this is trending in the right direction. The next review question looked at the sufficiency of supervisor guidance being offered, and in quarter five this was the case in 64.3% of cases. This went up to 70% in Quarter six but took a large decline in Quarter seven to 46.2%. Most of the FS's numbers are trending in the right direction and to ensure this trend continues in the right direction, the agency has encouraged staff to hold and document case staffings after all case reviews and during the biannual CQI Summit meetings held during this FFY.

CWADM FS CASE REVIEW DATA STATEWIDE			
Quarter and cases reviewed	**Q 5 2024 14 cases**	**Q 6 2024 10 cases**	**Q 7 2025 13 cases**
Review Period	July 1, 2024- September 30, 2024	October 1, 2024- December 31, 2024	January 1, 2025- March 31, 2025
Period Under Review	May 1, 2024- September 30, 2024	August 1, 2024- December 31, 2024	November 1, 2024- March 31, 2025
Transfer Staffing Held	100%	90%	92.3%
Was the form 6 completed accurately (comprehensive information provided)	78.6%	50%	61.5%
Collateral Information sufficient	57.1%	70%	69.2%
Adequate information gathered for AFF	35.7%	60%	69.2%
Sufficient Supervisory guidance provided to worker to make case decisions	64.3%	70%	46.2%

TBH screening and practice continued to be reviewed in New Worker Orientation by the FS Program Consultants. TBH compliance results are provided by the data unit to the program consultant for each region. This data was also sent out to the area directors and regional managers for review and follow-up. FS Program Consultants have continued to monitor and offer support to staff regarding TBH completion compliance and referral practices, when applicable. FS consultants reviewed TBH compliance data on a monthly basis. This information was utilized in discussions with field staff during consultations in regard to the importance the TBH assisting with guiding referrals for children. Results of TBH completion data from July 1, 2024 to April 24, 2025 is below:

Region	Children in FS	FS Children with a current TBH	% Current TBH	FS Children with overdue TBH	% Overdue TBH
Orleans	347	339	97.69%	8	2.31%
Baton Rouge	330	135	40.91%	195	59.09%
Covington	428	361	84.35%	67	15.65%
Thibodaux	206	188	91.26%	18	8.74%
Lafayette	328	287	87.50%	41	12.50%
Lake Charles	123	115	93.50%	8	6.50%
Alexandria	140	112	80.00%	28	20.00%
Shreveport	189	141	74.60%	48	25.40%
Monroe	149	126	84.56%	23	15.44%
State Office	4	0	.00%	4	100.00%
Statewide	**2244**	**1804**	**80.39%**	**440**	**19.61%**

The SDM tool continues to be used in all Family Services cases. Ongoing training and evaluation of the compliance with SDM completion and tool utilization in case decision making has also continued. SDM completion reports are available on the dashboard. Data reports regarding visitation are also sent to the local regions to ensure that families are receiving the necessary visits as per SDM risk level and that cases with low to moderate SDM's are being considered for closure if they the children are safe. Results of visits with Children from July 1, 2024 to present are below:

Region	# Documented Visits	# Missed Visits	% Visits Completed
Orleans	1208	379	76.12%
Baton Rouge	530	943	35.98%
Covington	851	1179	41.92%
Thibodaux	502	444	53.07%
Lafayette	892	330	73.00%
Lake Charles	335	169	66.47%
Alexandria	495	301	62.19%
Shreveport	473	307	60.64%
Monroe	407	158	72.04%
Total	**5693**	**4210**	**60.16%**

FS Program Consultants continued to support timely engagement and assessment process to ensure case plan goals are congruent with Agency concerns. The consultants also presented at the New Worker Orientation in regard to Family Services timelines, information on engagement, assessment and case planning. There was also training on how FS intervention aims to deliver short-term, ideally six months or shorter. The chart below shows the average intervention timeframes for FS clients from July 1, 2024 to present:

Region	Average # of days open
Orleans	167.61
Baton Rouge	186.12
Covington	191.05
Thibodaux	200.93
Lafayette	140.20
Lake Charles	131.91
Alexandria	148.33
Shreveport	110.57
Monroe	107.68
State Office	240.00
Total	**158.17**

FS Consultants continued to offer assistance and guidance to the FRC staff and the DCFS local office staff by providing support services for families with concerns due to child maltreatment. Local office guidance includes consultation from the FS Consultants on complex cases and guidance on decision-making. FRC's assure that region specific services offered meet the needs of the DCFS clients in that particular area. This support provided to field staff also assisted with policy based joint decision making for the family during this FFY.

FS consultants also met with their assigned FRC's on a monthly basis. The purpose of the monthly monitoring meeting has been to review the Monthly report submitted by the FRC and discuss any strengths and areas of concern in order to jointly facilitate recommendations that would help to improve the services to families in our communities.

The DCFS continue the contract with Family Services Greater Baton Rouge (FSGBR) through November 30, 2025. FSGBR continued to provide Family Services intervention in East Baton Rouge Parish to cases in which the child(ren) have been assessed as safe following an incident of child abuse or neglect and the Structured Decision Making (SDM) risk level is deemed Low, Moderate, or High for risk of future maltreatment. FSGBR completed assessments, services, case planning, referrals, efforts to locate, and other needed services to the families they served. From July 1, 2024 to present, seventy-seven cases were staffed for transfer from East Baton Rouge Parish DCFS to FSGBR.

FS Planned Activities FFY 2026: FS Program Consultants will continue staff development efforts, including consultation and training, focusing on the following:

- My Community Cares (MCC) Model; The Family Services Program Consultant will continue to support the MCC throughout the state. The Family Services Program Consultant will work with the local FRC's and MCC agencies. The DCFS will work towards the expansion of statewide MCC services through the Request for Proposal (RFP) procurement process.
- Child Welfare Assessment and Decision Making Model will continue. FS Program Consultants will coach supervisors to improve outcomes by ensuring supervisors understand the importance and application of utilizing family history prior to case transfer staffings to enhance case planning and decision making, understand the importance of gathering sufficient information from family members and collaterals, and understand how to guide their staff to develop a comprehensive Assessment of Family Functioning. Now that coaching is completed in all nine regions, the plan is to return to the regions to coach the remaining FS supervisors that did not receive coaching in the first round.

- Case Planning with Child and Family: Consultation and support of case planning practices will continue with field staff as needed.
- Quality and timely engagement of clients served; FS Program Consultants will continue to support timely engagement and assessment processes to ensure case plan goals are congruent with Agency concerns.
- Trauma Behavioral Health (TBH) Screens: TBH screening and practice will continue to be reviewed in New Worker Orientation by the FS Program Consultants. TBH compliance results will be provided to the regions. FS Program Consults will continue to monitor and offer support to staff regarding TBH completion compliance and referral practices, where applicable.
- Structured Decision Making (SDM) tools: SDM use will continue in all Family Services cases. Ongoing training and evaluation of the compliance with SDM completion and tool utilization will continue in case decision making. The agency is exploring work with Evident Change in order to update current SDM markers to align with current practices.
- FS Consultants will continue to offer assistance and guidance to FRC staff and the DCFS local office staff providing support services for families with concerns due to child maltreatment. FRCs will ensure that region specific services offered meet the needs of the DCFS clients in a particular area. Local office guidance includes consultation from the FS Consultants on complex cases and guidance on decision-making.
- The DCFS will continue to contract with Family Services Greater Baton Rouge through November 30, 2025 to provide Family Services intervention in East Baton Rouge Parish to cases in which the child(ren) have been assessed as safe following an incident of child abuse or neglect, and the Structured Decision Making (SDM) risk level is deemed Low, Moderate, or High for risk of future maltreatment. FSGBR will provide assessments, services, case planning, referrals, efforts to locate, and other needs to the families they serve.
- The DCFS will begin work on exploring changes to the FS case management model to ensure uniformity across the state.

G. Foster Care (FC) Program: Foster Care (FC) services include substitute, temporary care (e.g., foster family home, residential care, kinship care or youth living independently), and are utilized when the child's health and safety are at risk if the child remains in the home of their parent(s)/caregiver(s) or the child has no available caregiver. The state is awarded legal custody of the child by the court of jurisdiction. The court, legal system, Court Appointed Special Advocate (CASA), foster parents, private and public providers, relatives and youth work with departmental staff and parents toward the achievement of permanency for the child/youth. Intensive case management services are offered to families to help them reach a point where the child can be safely returned home, if return home is appropriate. If return home is not in the child's best interest, services are provided to achieve an alternative permanent family setting for the child. Case management services include efforts to engage relatives in the process of resolving the risk issues in the home, providing support for the family and connections for the child through ongoing communication and placement consideration for the child prior to considering other placement options. Throughout the time a child remains in foster care, the child is provided with an array of services to ensure well-being, such as basic daily care, medical assessment and care, educational/ developmental assessment and care, trauma/ mental health/ behavioral/ emotional assessment and care, contact/ communication with family and other important connections, etc.

FC Update FFY 2025: During FFY 2025, the DCFS continued to offer Foster Care Services to the families of Louisiana when a child's health and safety are at risk if the child remains in the home of their parent(s)/caregiver(s) or the child has no available caregiver.

During FFY 2025, the DCFS made significant efforts to enhance its foster care services to improve child welfare outcomes. To foster better engagement and enhance practices within Family Team Meetings involving parents, youth, and stakeholders, Child Welfare Managers actively participated in the initial FTMs conducted within the Foster Care program.

In addition to their participation, Managers were required to complete both a Case Review Instrument and a Family Team Meeting Manager Evaluation Instrument during the initial FTM, to facilitate meaningful discussions and ensure effective collaboration among all parties involved. The DCFS continued to notify relatives of the child's entry into care by completing the Family Connections Form and mailing the Relative Notification Form no later than 5 working days from the date an address was provided to the case worker. During FFY 2025, the DCFS conducted a review of 30 cases statewide to assess the agency's efforts in diligently identifying and locating relatives for the placement of children in foster care. The findings from these reviews are as follows: - 40% of cases demonstrated that diligent search efforts were documented on the Family Connections form for each identified relative. - 40% indicated that the Family Connections form was completed within the required 30-day timeframe. - 6.67% showed that the Family Connections form was submitted to the court at least 10 days prior to the disposition or adjudication hearing, when both court hearings are held simultaneously. - 23.3% reflected that all relatives identified in the diligent search were either exempted from notification due to family or domestic violence concerns or received the relative notification form via regular and certified mail no later than five working days from the date the address was obtained.

During FFY 2025, the DCFS began providing written and verbal notification regarding the Extended Foster Care Program to foster care youth who are 17 years of age and their caregivers as part of the transition planning process. Notification of the EFC program and the child's option to enroll shall be discussed when the youth turns age 17 and at least every 90 days thereafter as long as the youth meet eligibility criteria.

The DCFS updated policy 3-605 to ensure its Foster Care policy related to the Reunification Assistance Fund aligns with Federal Regulations.

During FFY 2025, the DCFS launched its Child Welfare Quarterly Regional Summits statewide. The Summits are collaborative meetings with Continuous Quality Improvement (CQI), Comprehensive Addiction and Recovery Act (CARA), Child Protection Oversight Committee (CPOC) and Citizen's Review Panel (CRP) into one comprehensive meeting. The summits streamline the process as DCFS staff, foster caregivers and a variety of stakeholders involved in the prevention and treatment of child abuse/neglect, strengthen their collaboration and implement strategies to make improvements in the community.

The DCFS staff consistently conducted comfort calls and icebreaker sessions to enhance and strengthen the relationships between biological parents and foster parents. Please refer to the chart below for the details of the calls held in FFYs 2024 and 2025.

QPI Icebreakers and Comfort Calls Completed												
	Reporting period 11 April 2024-June 2024			Reporting period 12 July 2024-Sept 2024			Reporting period 13 Oct 2024-Dec 2024			Reporting period 14 Jan 2025-March 2025		
Ice Breakers	QPI contact	Possible QPI contacts	Percentage of contacts	QPI contacts	Possible QPI contacts	Percentage of contacts	QPI contacts	Possible QPI contacts	Percentage of contacts	QPI contacts	Possible QPI contacts	Percentage of contacts

	107	279	38%	84	123	68%	64	92	69%	35	53	66%
Comfort Calls	QPI contacts	Possible QPI contacts	Percentage of contacts	QPI contacts	Possible QPI contacts	Percentage of contacts	QPI contacts	Possible QPI contacts	Percentage of contacts Percentage of FTMs held	QPI contacts	Possible QPI contacts	Percentage of contacts
	115	279	42%	89	123	72%	72	92	78%	38	53	71%

(*Data not captured prior to April 2024)

The Foster Care Program has maintained a collaborative partnership with Louisiana State University and the Tulane University Psychology Department to establish contracts aimed at delivering essential services to children and families across the state. These contracts are set for a three-year term and will be overseen by the Foster Care Unit to ensure effective implementation. Additionally, the Foster Care Consultants have been actively involved in monitoring and verifying the accuracy of the Adoption Foster Care Analysis and Reporting System (AFCARS). This system is crucial for ensuring the Agency accurately tracks children within the foster care system. Regular evaluations are conducted to identify and address potential discrepancies, including disability errors, court errors, and case event errors. All identified issues are promptly updated to maintain data integrity.

FC Planned Activities FFY 2026: The DCFS will continue to offer Foster Care Services to the families of Louisiana. The DCFS is committed to enhancing its efforts to encourage statewide use of Comfort Calls and Icebreaker meetings to promote relationship-building between birth parents and foster caregivers and to encourage the Child Welfare Manager's participation in all initial FTMs conducted in the Foster Care program.

The DCFS will continue to fulfill its responsibility to notify relatives of a child's entry into care by completing the Family Connections Form and sending the Relative Notification Form. The DCFS will ensure letters are mailed no later than five working days from the date the worker receives the relative's address. The DCFS has incorporated ACT 350 into the new worker orientation program. It is essential for new case workers to thoroughly understand and implement the necessary protocols once they are assigned cases. Additionally, a training module has been added to Moodle, which is mandatory on an annual basis for all foster care and adoption case workers.

The DCFS will continue to search for resources to help develop a Parent Advisory Board to assist the department with lived experiences as it relates to policies and procedures.

H. Services to Parents (SP) Program: The SP program provides services to parents in families where at least one child has entered the foster care system with the goal of supporting the family in maintaining connections to the child while in foster care and partnering to achieve reunification with the child. When it is not possible for the family to improve parental protective capacities and remove or diminish the safety threats to the child, the department strives to continue teaming with the family to promote the achievement of permanency for the child through other options and preserve connections to the greatest degree possible.

SP Update FFY 2025: The DCFS continued to provide services to parents whose children were in foster care in order to enhance their parental protective capacities and remove the safety threats that resulted in the children's removal from the home.

The DCFS assisted families in the SP program by developing a network of support through extended family, friends, and their community to sustain family functioning once reunification is achieved.

The DCFS continued to utilize the Family Connections form and Circle of Influence to ensure diligent efforts in identifying adult relatives, fictive-kin and significant adults who had a relationship with the child at the onset of the case. The DCFS continued to assess individuals to determine ways to support the family while the child is in foster care.

The DCFS conducted policy updates to policies 3-600 and 3-605 to ensure its Preventive Assistance Funds (PAF) are available to all families actively within the CPS and FS programs to purchase items and/or services for families with children at risk of an out-of-home placement, when the family meets the eligibility criteria and the funds are available in the region in which the family resides and to ensure that the agency's Foster Care policy related to the Reunification Assistance Fund aligns with Federal Regulations.

The DCFS continued to provide the Relative Notification Letter to relatives detailing information on how to become involved in caring for the child and supporting the family while the child is in foster care. The DCFS continued to encourage the use of comfort calls and ice breakers to support the child's placement while in foster care. The DCFS continued to allow parents the opportunity to meet the caregivers of their child and provide support through the Quality Parenting Initiative.

SP Planned Activities FFY 2026: The DCFS will continue to collaborate with parents by offering supportive services aimed at mitigating potential threats and risks in an effort to initiate the reunification efforts as soon as it is deemed safe. The DCFS will continue to utilize the Child Welfare Assessment and Decision Making Model, to identify the Conditions for Return and Conditions for Closure during the initial Family Team Meeting, with ongoing assessments to ensure compliance. The DCFS will continue to actively support the identification of informal support systems to foster and maintain connections for the child within their family network.

I. Guardianship Subsidy (GS) Program: The GS program serves the guardians of children who entered a guardianship arrangement from foster care to provide supportive services for the care of the child to maintain the guardianship situation. Guardianship subsidy services may include an ongoing maintenance subsidy, special board subsidy for special care requirements provided by the guardians; special services subsidy to meet the special needs of the child; and ongoing medical coverage through Medicaid.

GS Update FFY 2025: During calendar year 2024, a total of 1001 children under the age of 18 were eligible for a guardianship subsidy, and 47 youth qualified for the Extended Guardianship Subsidy. The Foster Care Unit continued to generate monthly reports for children in care for over 12 months with a goal of reunification. These reports are shared with local offices, and case staffing meetings are held to evaluate the appropriateness of pursuing guardianship as a goal. The DCFS is actively working to enhance awareness of the guardianship subsidy, recognizing it as an underutilized resource.

The DCFS provided regular updates on the permanency plans for children, making adjustments to goals as necessary to act in the best interest of the child. Monthly in-person meetings were conducted within the regions, bringing together management to discuss guardianship updates.

During these meetings, feedback was gathered regarding caregivers' perspectives on guardianship as a permanency option for the child.

Copies of the "Guide to Legal Guardianship in CINC" were distributed to local office staff. The foster care consultant encouraged local office personnel to consider guardianship with a subsidy as a viable option for achieving permanency for the child.

GS Planned Activities FFY 2026: The DCFS foster care consultants will maintain regular meetings with managers to discuss and promote the option of guardianship with a subsidy when reunification is not feasible and when guardianship aligns with the child's best interests. Furthermore, the DCFS will continue its efforts to educate caregivers and stakeholders on the benefits and effectiveness of guardianship as a viable alternative.

J. Extended Guardianship Subsidy (EGS) Program: The EGS program is available to those children receiving a guardianship subsidy whose guardians wish to continue receiving subsidy services after the child reaches age 18. To be eligible for EGS the youth had to enter a guardianship arrangement from foster care after the age of 16, but prior to age 18; and the child must meet the same criteria as required for participation in the state's EFC program. Additionally, the Guardianship family must retain financial responsibility for the care of the young adult as established through quarterly eligibility redetermination. The Guardian of youth may only continue receiving the Extended Guardianship Subsidy up through the youth's 21st birthday as long as the youth continues to meet eligibility requirements.

Extended Guardianship Subsidy Program 2025-2029 goals:

1. The DCFS will continue utilizing Comfort Calls and Icebreaker Meetings to foster relationship development between birth parents and foster caregivers
2. In an effort to improve engagement and enhance practice within Family Team Meetings (FTM) with parents, youth and stakeholders, Child Welfare Managers are participating in all initial FTMs held in the Foster Care program. In addition to participating in the FTM, Managers were required to complete a Case Review Instrument and FTM Manager Evaluation Instrument at the time of the initial FTM.
3. The Department's responsibility to notify relatives of the child's entry into care is fulfilled by completing the Family Connections Form and sending the Relative Notification Form. The form letter shall be mailed no later than 5 working days from the date an address is provided to the worker.
4. The Foster Caregiver Progress Form is used to provide an opportunity for the foster caregiver to provide information directly to the court. After placement and before the first CINC hearing, the caseworker shall provide the foster caregiver with several blank Foster Caregiver Progress Forms and a copy of the Court Process and Legal Rights Guide for Foster Caregivers. The Court Process and Legal Rights Guide for Foster Caregivers provides an overview of the CINC court process and hearings and legal rights that foster caregivers do and do not have at CINC hearings.
5. Update the reunification policy to ensure parents are provided with adequate financial assistance when the child is returned home.
6. Monitor the amount of funds utilized to assist parents with reunification.
7. Begin to develop a Parent Advisory Board to assist the department with lived experiences as it relates to policies and procedures.

8. Encourage the use of guardianship services for all children in foster care where termination of parental rights is not in the child's best interest and a caregiver is available to provide guardianship to the child.
9. Encourage transitional youth case workers to utilize guardianship services for youth 16 and older as they will then be eligible for the guardianship subsidy until the age of 21.

K. Extended Foster Care (EFC) Program: Extends foster care services to youth criteria for program services are: Adjudicated as a Child in Need of Care (CINC); Aged out of foster care on 18th birthday; and currently 18-21 years old. The youth also has to meet one of the following: enrolled in a secondary educational program or program leading to equivalent credential; enrolled in an institution that provides postsecondary or vocational education; participating in a program or activity designed to promote employment or remove barriers to employment; employed at least eighty hours per month; or, be incapable of above educational or employment activities due to a medical condition.

- EFC is a voluntary program and youth must sign a voluntary agreement to participate. Youth in EFC are no longer in the custody of the DCFS, but are participating with an extension of foster care services. They retain all of their adult rights. The DCFS utilizes the evidence-based LifeSet model through Youth Villages as the case management model for EFC. This model is proven to have improved outcomes for youth. If a young adult does not meet LifeSet eligibility or if they complete LifeSet prior to turning 21, they are eligible to receive EFC Case Management Services through the program. All current Foster Care, care-setting types will be available to EFC youth. Each care setting will be making a decision as to accepting/keeping EFC youth. The DCFS is in the process of contracting with new TLP providers throughout the state. There will be an additional three new providers available to young adults in EFC.

Extended Foster Care 2025-2029 goals:

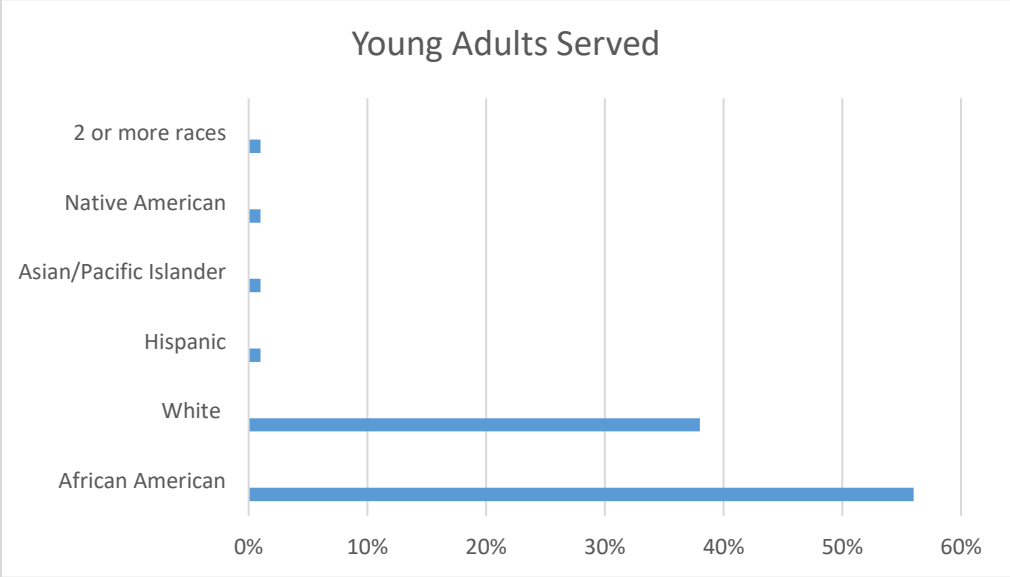
1. Increase the number of young people who have completed High School by 5%, GED or HiSet upon exiting EFC. Young adult's stipends will increase if they are enrolled in an educational full time setting and/or employed for 3+ months. Educational Data is collected upon entry and discharged from the program in RedCap. This data is rolled up monthly, quarterly and yearly.
2. Increase the number of young people employed upon exiting EFC by 5%. Young adult's stipends will increase if they are enrolled in an educational full time setting and/or employed for 3+ months. EFC is working with stakeholders to increase the number of workforce development programs available to the young people participating in EFC. Employment Data is collected upon entry and discharged from the program in RedCap. This data is rolled up monthly, quarterly and yearly.
3. Increase young people's participation through work groups, program planning, trainings and youth events. EFC will continue to complete one youth survey per worker a month along with an exit survey to those that have aged out of the program. The monthly surveys are tracked in GuideTree and the exit surveys are tracked through Monday.com. This data will be placed on the monthly EFC Data report. EFC holds monthly information sessions. These sessions are for 17-year-olds and their caretakers, and the goal is to provide information about the program as well as give the youth an opportunity to ask questions. There is a young person who is actively participating in the program on the call available to answer questions and provide insight to the youth about the program and the expectations.
4. Increase Stakeholder awareness of EFC and the needs (engagement activities, rental or bill assistance, school or household supplies, mentor, etc.) of our young people through quarterly

outreach and annual meeting. EFC completes one stakeholder survey per worker a month. This data is collected and placed on the monthly data reports. EFC will track the number of stakeholders and services provided monthly.

5. Increase partnership and collaboration with housing authorities across the state. Most housing authorities in the state do not participate in the FYI voucher program. EFC would like to bring awareness to the housing authorities on the need for the vouchers. Currently, the DCFS has MOU's with three housing authorities.

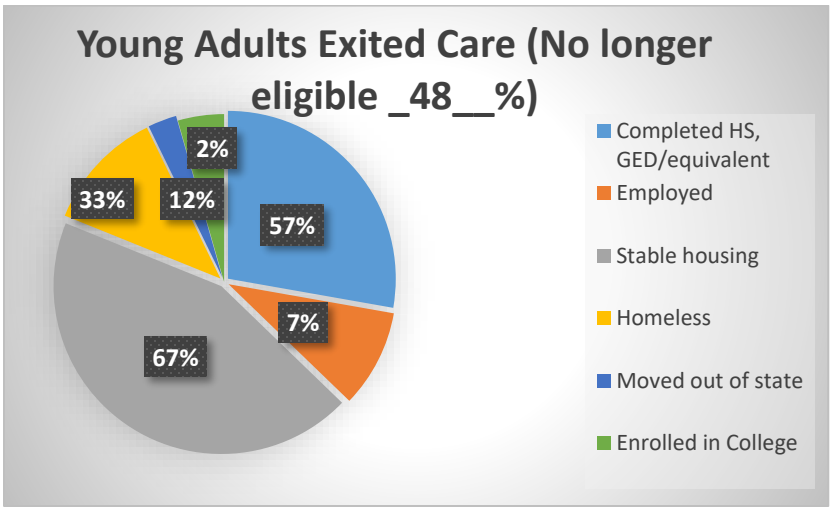
EFC Update FFY 2025: The EFC program continued to operate effectively with five teams serving young adults across the state. During the calendar year 2024, the program served a total of 350 young adults, comprising 126 males and 224 females. Throughout this year, 172 new young adults entered the program, including those who previously exited and re-enrolled for support in areas such as housing, education, employment, or mental health. This group represented 18% of the overall EFC population. As of April 30, 2025, the program provided services to 210 young adults. The EFC program's census increased by 40 young people during CY 2024. The program attributes this increase to the in-person trainings provided to field staff, leadership and stakeholders providing information regarding EFC and encouraging them to submit referrals. EFC also presented at the regional program meetings providing referral data in an attempt to increase referrals statewide.

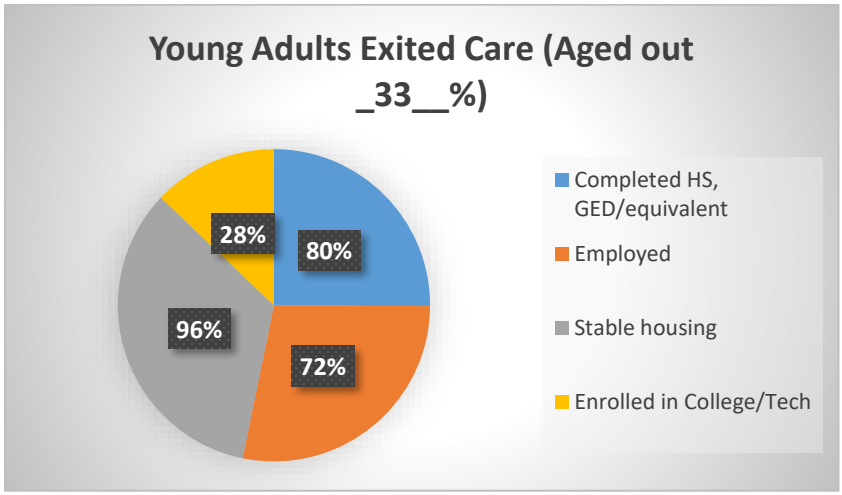
Please refer to the chart below for a detailed breakdown of the demographics served during the CY 2024.

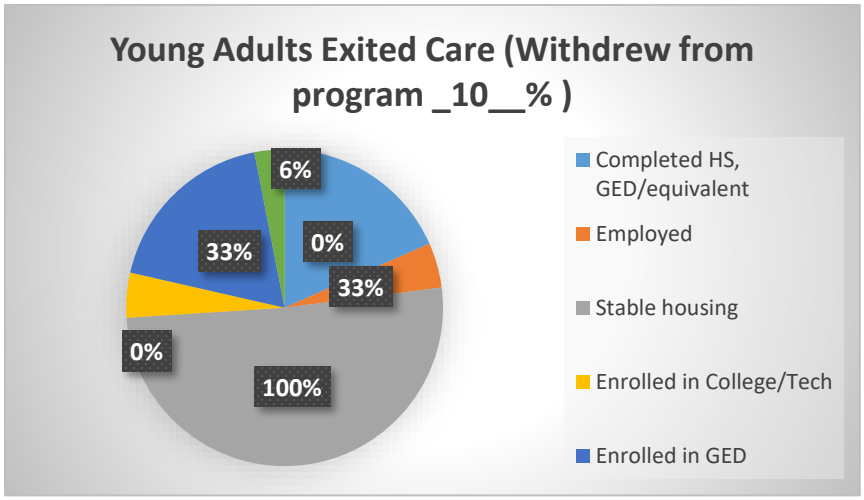


Of the EFC population, 12% were parents with 8% of them having had open CPS investigations. The EFC enrollees continued to receive case management services while in the program with 48% receiving LifeSet and 52% receiving EFC Case Management.

The EFC program had 76 young adults to exit the program between May 1, 2024-April 30, 2025. Of the EFC enrollees, 33% aged out successfully completing the program, 10% withdrew from the program .09% were unable to be located, 48% were no longer eligible and 0% were deceased. Please see the charts below for exit data.


Young Adults Exited Care (No longer eligible _48__%)
2%
33%
12%
57%
7%
67%
Completed HS, GED/equivalent
Employed
Stable housing
Homeless
Moved out of state
Enrolled in College


Young Adults Exited Care (Aged out _33__%)
28%
80%
96%
72%
Completed HS, GED/equivalent
Employed
Stable housing
Enrolled in College/Tech


Young Adults Exited Care (Withdrew from program _10__%)
6%
0%
33%
33%
0%
100%
Completed HS, GED/equivalent
Employed
Stable housing
Enrolled in College/Tech
Enrolled in GED

The DCFS continued to coordinate AR panels. The DCFS coordinated and tracked 104 Administrative Reviews (AR). The DCFS discontinued the Alumni Group due to an increasing number of young adults joining the LEAF board. An informational video on the EFC program has been created to share with prospective and incoming youth, aimed at encouraging participation in the program. Youth Villages continued to conduct yearly program model reviews to assess the effectiveness of the program and the needs of the youth. The DCFS received a recertification score of 82%.

The DCFS implemented a policy change requiring workers to submit referrals for all 17-year-olds, regardless of their interest in the Extended Foster Care program. This approach allows the EFC staff to comprehensively present the program to young adults. The EFC staff hold monthly information sessions with the young adult, their caregivers, attorneys, and staff. The EFC youth attended the inaugural youth summit held in October 2024, open to all transitioning youth, which aimed at promoting youth voice.

The DCFS has continued its collaboration with housing authorities to provide young adults transitioning out of foster care or extended foster care with additional housing options. Currently, DCFS partners with the Housing Authority of New Orleans (HANO) and the Jefferson Parish Housing Authority. Notably, HANO has agreed to extend the use of its housing vouchers to support young adults in other regions within the state.

EFC Planned Activities FFY 2026: The Extended Foster Care training in Moodle will be updated to reflect recent policy changes. The EFC program is planning to conduct annual regional visits to provide training for regional staff in the EFC program. The EFC program will work with the Transitioning Youth Program to ensure housing options for young adults are appropriate for young adults and are in line with services provided by EFC. The EFC program and the Transitioning Youth Program will do some cross training to help better collaborate between programs. The hope is that this collaboration will better help with transition plans for youth turning 18 regardless of whether or not they plan to enter EFC.

L. Adoption (AD) Program: The goal of the Adoption Program is to provide permanency for children through adoption. When the court of jurisdiction has determined that the family is either unable or unwilling to meet the needs of their child and provide a safe home, the goal of adoption is pursued as a permanent plan. Pre-adoptive services provided by the FC worker for a child with a goal of adoption include helping the parents voluntarily relinquish parental rights, preparing the judicial termination of parental rights packet in the event the parents are unwilling to surrender, providing ongoing case management services, and preparing the child for the adoptive process. Some of the more important services delivered by the adoption worker include completing a child evaluation/assessment, preparing children for adoption, assisting in the recruitment of child specific adoptive homes as needed, selection of adoptive resource families and placement of children, providing supportive case management services, processing adoption subsidy applications, and participating in the adoption finalization process.

The DCFS AD Program is responsible for managing the Louisiana Voluntary Registry. This entails providing information to adopted persons from closed adoption records as allowed by state law, management of the state's adoption petition file room, and the handling of all Louisiana public and private agencies, intra-family, and private adoption petitions.

- **Louisiana Voluntary Registry:** Louisiana is a closed adoption state with sealed adoption records, but in 1982 the State Legislature authorized a registry to allow contact between adopted persons and their biological family members should both parties register. The registry is maintained and operated exclusively by the DCFS state office AD staff. In 2008, legislation was enacted authorizing the release of specific information from the sealed adoption record to adopted persons upon their written request, which includes verification of adoption, name of the court where the adoption was finalized and the name of the placing agency or attorney. In 2010, legislation was enacted expanding the list of persons eligible to register to include additional relatives, adoptive parents, minor adopted children and descendants of deceased adopted persons and deceased biological parents. The registry provides non-identifying information reports to persons adopted from a number of private adoption agencies and attorneys' no longer in operation transferring their records to the DCFS, as mandated by Louisiana law. The registry provides intermediary services between adoptive parents and biological parents of children adopted through a private adoption agency which ceased operation in 1999 through an agreement made at the time of the closure. This agreement was terminated in 2016 when all subject children reach age 18.

- **Adoption File Room:** Louisiana maintains a centralized adoption file room located in the DCFS headquarters building in Baton Rouge. The AD staff is responsible for maintaining and processing the confidential adoption petition records of every adoption confected in the state of Louisiana back to the 1920's. Additionally, all adoption records transferred to the Department from adoption agencies no longer in operation and retired adoption attorneys are maintained in the DCFS adoption file room. Authorized Adoption Section staff to provide information allowed by law to members of the adoption triad access the records frequently; however, records are only released by court order and no adoption record is ever destroyed.

AD Update FFY 2025: The DCFS remained committed to ensuring that children who entered state's custody due to abuse or neglect and whose parental rights were terminated, rendering them freed for adoption, were found a permanent adoptive home within the guidelines set forth by the Adoption and Safe Families Act (AFSA). During FFY 2024, 42.7% of the children adopted were adopted within the 24-month ASFA guideline, reflecting a 0.4% increase from the previous year. During FFY 2024, (October 1, 2023-September 30, 2024), Louisiana completed 608 adoptions to 471 families statewide, 288 were siblings adopted together by 164 families. Additionally, of those adopted, 36 were teenagers aged 13 to 17 and 3 were young adults. During FFY 2024, 12 children reentered foster care after adoption. This represents a 50% decrease compared to the number of children who reentered foster care last year. As of April 30, 2025, the DCFS had a total of 354 children within the Adoption Unit statewide. There are 213 children freed and available for adoption. Of this group, 19 adoptions were scheduled to be finalized by March 31, 2025, 141 children were freed with an identified adoptive resource, 88 children are freed for adoption but do not have an identified adoptive resource.

As of May 2024, the DCFS decided to no longer contract with Tulane University Medical School, Child and Adolescent Psychiatry Services to provide clinical consultations to staff and children within the Adoptions program due to underutilization. The DCFS partnered with UNITE Ministries to video prospective adoptive families in an effort to facilitate the adoption of youth through reverse matching. This initiative piloted in the Monroe and Shreveport Regions during FFY 2025 and focuses on pairing families interested in adopting older youth, with a structured process that begins once a child expresses interest in adoption. DCFS hosts monthly meetings

between the youth and prospective families, to foster connections and ensure a supportive transition. This process is designed to span at least one year to ensure a thorough and supportive transition.

In November 2024, the DCFS successfully concluded the third Training for Adoption Competency (TAC) cohort, with 12 participants completing the program. In February 2024, DCFS initiated its first quarterly newsletters designed to enhance communication and provide ongoing support to adoptive families. Subsequent newsletters were sent April 2024, July 2024, October 2024, January 2025, and May 2025. Each publication includes a list of training opportunities, resources, and relevant articles. During FFY 2025, DCFS facilitated monthly call to action meetings with regional teams to address challenges encountered by youth concerning their apprehensions about adoption. These discussions focused on identifying and implementing effective strategies to overcome these barriers.

AD Planned Activities FFY 2026: The DCFS will aim to increase the percentage of foster children achieving timely permanency through adoption by 1-2% by continuing monthly case staffing with the regions and providing support to facilitate the adoption process and working to eliminate any barriers that may hinder progress. The DCFS will continue to collaborate with Unite Ministries to continue its reverse matching program. The DCFS will maintain its partnership with the National Center for Post-Adoption Support to enhance resources and services available to families. The DCFS will continue to publish its quarterly newsletter to provide ongoing updates and information relevant to adoptive families.

The DCFS plans to partner with Spaulding National Center for Enhanced Post-Adoption Support through ACF for technical assistance to improve its post-adoption support services. National Center is a five-year, cooperative agreement funded by the Children's Bureau of the Administration on Children & Families (ACF), U.S. Department of Health and Human Services (HHS) which began October 2023. The National Center is designed to equip child welfare agencies with the tools and knowledge necessary to meet the needs of children and families who have achieved permanency through adoption or guardianship. The Center serves as a hub for post-adoption expertise and evidence-informed training and technical assistance to support states, tribal nations and territories as they develop and implement community responsive, comprehensive and accessible post-adoption services.

M. Adoption Subsidy (AS) Program: Post-adoption services in Louisiana are offered principally through the AS and Medical Assistance Program (Medicaid), which are federally, and state funded. AS services are provided to eligible families until the child's 18th birthday and the Medicaid portion is extended to age 18. The Interstate Compact on Adoption and Medical Assistance (ICAMA) is a major component of the Adoption Subsidy Program, which extends post adoption services across state lines. The Compact provides a framework for interstate coordination to remove barriers to the adoption of children with special needs and facilitates the interstate transfer of adoptive, educational, medical and post adoptive services. Adoption and medical assistance (Medicaid) are the primary issues driving the need for interstate collaboration in interstate adoptions. All families who adopt may apply for an adoption subsidy irrespective of the type of adoption. Many private and child placing agency adoptive families do not meet the IV-E federal subsidy requirements to receive the full range of benefits designed to help move special needs children out of foster care and into permanent homes via adoption. International adoptions are ineligible for state AS assistance.

Extended Adoption Subsidy (EAS) Program: The EAS program is available to those children receiving an adoption subsidy whose adoptive family wishes to continue receiving subsidy services after the child reaches age 18. To be eligible for EAS the youth had to be adopted from foster care after the age of 16, but prior to age 18; and the child must meet the same criteria as required for participation in the state's EFC program.

AS Update FFY 2025: The Adoption Subsidy (AS) and Extended Adoption Subsidy (EAS) programs continued to provide support for youth and young adults. In FFY 2025, there were 47 Extended Guardianship subsidies and 19 Extended Adoption subsidies. Additionally, there were 1076 guardianship subsidies, and 8122 adoption subsidies served. The DCFS continued receiving reports of youth who meet the age requirement to continue receiving the extended guardianship and adoption subsidies and submit paperwork to families to determine eligibility criteria for continued support through the subsidy.

AS Planned Activities FFY 2026: The Adoption Subsidy (AS) and Extended Adoption Subsidy (EAS) programs will remain in effect, offering ongoing support for children, youth, and young adults. Additionally, DCFS will continue providing assistance for adult adoptions.

N. Adoption Petition (AP) Program: The DCFS reviews every adoption petition filed in the state for the courts. This review responsibility includes adoptive placements made by public and private agencies and those made by private attorneys for family member adoptions and unrelated persons' adoptions. DCFS investigates, upon order of the court, all proposed adoptive situations (legal availability and physical/emotional condition of the child, fitness of the petitioners and conditions of the home) to determine the best interests of the child. The Department submits a confidential report of its findings to the court and assists the family with obtaining the revised birth certificate after adoption. A copy of each adoption petition record is maintained in the adoption file room.

Adoption Petition 2025-2029 goals:

1. Increase the percentage of children in foster care adopted within 24 months from entering care (FFY23=42.3%)
2. Reduce the amount of time between children being freed for adoption-to-adoption finalization (FFY23= 14.2months)
3. Continue diligent recruitment efforts of children freed for adoption in partnerships with Louisiana Heart Gallery (LHG), AdoptUsKids and WWK.
4. Continue to track WWK data utilizing the Child Trends Database.
5. Continue to track recruitment efforts by LHG and AdoptUsKids monthly based on the number of events and the number of inquiries.
6. Implementation of Louisiana Speakers Bureau.
7. Collection of data will include the number of events and number of families recruited. This effort is in collaboration with the Foster Caregiver Recruitment and Retention Program and the WWK Program.
8. Continue monthly support calls to field staff.
9. Continue tracking cases that enter the DCFS as Safe Haven.
10. Increase Staff Development through the utilization of the National Training Institute (NTI) to incoming adoption workers and supervisors, membership with National Adoption Association (NAA) and collaborative involvement with the Louisiana Adoption Advisory Board; both of which offer training opportunities to staff.

11. Decrease the number of children re-entering foster care after adoption. (FFY23= 24 children)
12. Continue partnership with Center for Adoption and Support Education (CASE)
13. The DCFS will offer TAC- Training for Adoption Competency classes to mental health therapists across the state to refer families in need.
14. Create and distribute quarterly newsletters to adoptive families.
15. Continue to hold quarterly support meetings with staff.
16. Enhance partnerships with Louisiana Heart Gallery, LA Methodist, & Crossroads Nola to develop support and/or mentor groups for adoptive parents.

AP Update FFY 2025: The DCFS continued its collaboration with Blue Streak Technologies to enhance the Adoption Sealed Record (ASR) database. This improved database facilitates easier retrieval of adoption records and securely stores the entire confidential case file in PDF format. This functionality is designed to provide the necessary information for non-identifying reports that may be requested by individuals who have been adopted. Additionally, the DCFS partnered with the Louisiana State Archives to create a PDF file format for closed petition records, further improving access to these documents. To date, four of the nine regions within the state have successfully submitted their closed petition records for archiving. The DCFS remains committed to meticulously tracking all adoption petitions through manual processes. During FFY 2025, DCFS finalized a total of 837 adoption petitions. Among these, 41 were non-DCFS petitions, 667 were intrafamily adoptions, and 129 were classified as private petitions.

The Information Technology (IT) department updated the Tips 200 screen to improve the tracking capabilities to begin capturing the parish of the petitioners' residence, the relationship of the petitioners, the age of the child at placement and finalization, as well as the demographic information regarding the types of adoptions. These enhancements are aimed at facilitating more accurate data collection within the adoption process.

AP Planned Activities FFY 2026: The DCFS is in the process of determining the costs associated with constructing a location to house the 200 screen for entering and collecting data through the Adoption Sealed Record (ASR) database. The purpose is to designate a space that will support the management and accessibility of adoption-related data.

O. Home Development (HD) Program: HD services include recruitment, certification, retention and support to DCFS foster and adoptive families and private foster care providers. Additional information concerning HD is found in the Foster and Adoptive Parent Diligent Recruitment Plan.

Home Development 2025-2029 goals:

Goal 1: Assess the current population of foster homes and foster care data to identify available homes and determine the type of homes needed to meet the specific needs of children in foster care by:

- Hiring a Foster Caregiver Recruitment and Support Consultant (Recruiter) for each of the nine regions statewide.
- Recruiters will evaluate foster care data on a quarterly basis and compare it to regular foster home data and relative/kin caregiver data to determine if the current population of homes is sufficient to meet the needs of the region’s children and youth in foster care.
- Recruiters will use data to support targeted recruitment efforts and develop diligent recruitment plans for their assigned region based on data.

- Review current tracking mechanisms and update systems to reflect caregivers' abilities to meet specific needs of children.
- Present behaviors/needs check list during the home study process and reevaluate family's placement capacities/preferences at the time of annual support visit/recertification, using behaviors/needs check list.

To accomplish this goal HD will:

- Work with Data Unit to create a report that would show each family's needs/behavior capacity and capabilities.
- The report could be generated for families statewide, or by region.
- The report would be able to show the number of families who can care for children/youth with special medical needs, behavioral needs (need to identify which conditions/disabilities qualify under each category.
- Work with Data Unit/Foster Care to create a report or access an existing report that would provide data on children/youth in FC who have special medical/behavioral needs
- Review report that would measure success with consistently entering information on the LARE 355 screen
- Improved placement stability would indicate success, as foster caregivers' skills are matched appropriately with the need of children/youth in foster care when determining placement.
- Work with the Data Unit to develop a report to monitor placement stability for foster homes, documenting length of placement and reason for placement ending/disrupting.

Goal 2: Increase the number of relative/kin and regular foster caregivers to meet the specific needs of children and youth and equip them with trauma-informed training and supportive services to enhance their caregiving skills.

- Work with Methodist Foster Care on new certification assessment of relative/kin caregivers to assist in expediting relative/kin certifications.
- Work with foster care to ensure that new relative/kin certification procedures are being followed in order to expedite certification of relative/kin caregivers.
- Review reports to ensure compliance with new relative/kin certification procedures.
- Review and update Home Development policies and procedures to reflect new recruitment and support processes.
- Continue work with Louisiana Baptist Children to recruit foster caregivers in the faith-based community and develop and support foster care ministry.
- Continue work with Crossroads to recruit and support foster caregivers, lead virtual pre-service training, and lead Trust-Based Relational Intervention training.
- Evaluate and update pre-service and ongoing foster caregiver trainings to include more trauma-informed material.
- Participate in pilot program for foster caregiver pre-service training developed by Karen Purvis Institute for Child Development in efforts of increasing trauma-informed training. Consider statewide implementation for prospective foster caregivers.
- Work with the Louisiana Child Welfare Training Academy towards the three-year plan to develop more individualized training plans for foster caregivers based on the specific needs of children in foster care.
- Ensure that foster caregivers have access to trauma-informed training and resources

through a quarterly newsletter.

- Work with Methodist Foster Care on the expansion of the Louisiana Foster Caregiver Mentor Program. The program recruits currently certified foster caregivers and previously certified foster caregivers who are in good standing with the DCFS and trauma-informed, to serve as mentors to foster caregivers throughout Louisiana. Methodist maintains profiles on all active mentors and provides a list for foster caregivers to select the mentor who will best meet their needs for each support contact.
- Offer virtual Community Support Workshops in each of the nine regions to provide an overview of foster care data, foster home data, current resources, and support needs for the region each quarter.
- Develop and Implement Foster Care Community Collaborative Meetings in each of the nine regions to provide an in-person meeting with the DCFS staff, foster caregivers, churches, businesses, schools, and other organizations to connect urgent and ongoing foster care needs with community resources. Participants collaborate to develop solutions in real time by utilizing community resources to support children and families served by the DCFS.
- Develop and implement the Speaker's Bureau program, which will identify individuals with lived experience within the child welfare system to serve as public speakers for foster/adoptive parent recruitment events and other foster care activities in communities statewide. Speaker's Bureau members will include foster/adoptive caregivers and former foster youth (over the age of 18).
- Develop and implement the Foster Caregiver Support Line which will provide foster caregivers with access to a live representative to assist with urgent matters that occur outside of normal business hours. The representative will assess the caregiver's needs using a decision tree and provide resource information or assist the caregiver with contacting the DCFS staff if urgent contact is needed.
- Develop and implement the relaunch of the Foster Caregiver Advisory Board. This group will address matters on both the regional and state level that impact foster caregivers directly in their roles. Current foster caregivers and caregivers who recently closed their homes will be permitted to participate in committees to address regional concerns and statewide policy matters. Board members will be chosen through an election process by FCAB committee members and the DCFS staff.
- Continue with the implementation of the Quality Parenting Initiative (QPI) and developing the QPI Champions program to ensure that foster caregivers, birth parents, and the DCFS staff are developing supportive relationships and working towards the best interest of children and youth in foster care. The QPI Champions program will also work to develop and support community collaboration efforts, such as Community Support Workshops and Foster Care Community Collaborative Meetings, in each of the nine regions.

To accomplish this goal HD will:

- Complete training evaluations at the end of each training session for foster caregivers.
- Administer a trauma-informed screening tool to measure prospective foster caregivers' knowledge of trauma prior to beginning A Journey Home classes and during the home study process (after completing AJH). Then repeat the trauma-informed screening tool at the time of annual support visit/recertification.
- Administer foster caregiver satisfaction surveys.
- Conduct monthly supervisor engagement surveys conducted with foster caregivers.

- Review monthly data reports (to see increase in overall number of foster homes).
- Obtain a baseline score by screening all currently certified foster caregivers through self-administered screening tool. Once baseline score is obtained, measure success by reviewing scores. Improved scores would indicate success.
- Develop a Trauma-informed screening tool to assess knowledge of trauma-informed interventions and strategies.
- Work with the Data Unit to develop a report to monitor placement stability for foster homes, documenting length of placement and reason for placement ending/disrupting.

Goal 3: Enhance knowledge of Placement Services staff to better assess and equip foster parents to meet youth and children's specific needs.

- Create a program-specific training for Home Development staff.
- Work with Behavioral Health and Residential unit to develop a better continuum of care, including the development of placement specialists for each region.
- Continue implementation of the Foster Caregiver Recruitment and Support program, with Recruitment and Support Consultants in each region.
- Continue with the development and implementation of specialized diligent recruitment training for Foster Caregiver Recruitment and Support staff and diligent recruitment planning consultation with the National Center for Diligent Recruitment.

To accomplish this goal HD will:

- Begin with a baseline assessment of staff's skills by obtaining feedback from their assigned supervisor/manager regarding strengths and needs of their workers.
- Measure training effectiveness through homework assignments, pre-tests/post-tests, and training evaluations.
- Measure training effectiveness through feedback from the assigned supervisor/manager, determining if there has been improvement in staff's application of skills.

HD Update FFY 2025: During CY 2024, Home Development continued to update policies and procedures to align with licensing regulation changes. On November 1, 2024, the Louisiana DCFS received notice of the approval of Louisiana's title IV-E plan amendment adopting a separate licensing standard for relative or kinship foster family homes. Since this time, the DCFS has continued to review and update policy related to the certification of foster/adoptive homes as well as improve the home study and approval process for certified foster homes.

In FFY 2025, the DCFS hired Foster Caregiver Recruitment and Support Consultants (Recruiter) for each of the nine regions statewide. Recruiters met with the National Center for Diligent Recruitment (NCDR) on February 6-7, 2025, with a goal to develop a strategic plan for each region. During this meeting, foster care data was evaluated, and the consultants gained an understanding of how to use data to support targeted recruitment efforts and develop strategic recruitment plans based on the needs of each region.

For FFY 2025, the DCFS assessed the current population of certified caregivers to identify if the current active homes met the needs of children currently in foster care. The Home Development and Recruitment and Support program worked closely with the data team and the NCDR to identify trends within current foster homes. A report was created to show home capacities and capabilities by region, parish, and zip codes. Based on the report, the DCFS identified three types of homes

that became the focus of recruitment. The three types of homes are for youth age 14 through 17, homes for sibling groups of 4 or more, and homes for children and youth with medical needs. Based on reports received, the DCFS also needs to focus on placement stability of children age 0 to 5 years old within the first 30 days of placement. This work in ongoing and the DCFS will continue to work on identifying reasons for placement instability.

To increase the number of relative/kin and regular foster caregivers to meet the specific needs of children and youth and equip them with trauma-informed training and supportive services to enhance their caregiving skills, the DCFS worked with Crossroads to implement a pre-service certification training that included TBRI to all prospective foster caregivers. The revised pre-service "A Journey Home" training is planned to begin the beginning in June 2025. The DCFS Home Development program is also working to develop caregiver satisfaction surveys to assist with evaluating the needs of caregivers.

To enhance the knowledge of Home Development staff and the Behavioral Health and Residential Services staff, training is being developed to better assess and equip foster parents to meet the needs of children and youth in foster care. The DCFS is working towards providing personalized training plans and has begun emailing quarterly newsletters to caregivers. There are ongoing efforts to expand the Mentor Program and offer virtual Community Support Workshops.

The DCFS is also currently working to establish a Speaker's Bureau for recruitment events and a Support Line for urgent issues and concerns for caregivers. Furthermore, the DCFS is committed to relaunching the Advisory Board to address caregiver concerns and to continue the Quality Parenting Initiative.

HD Planned Activities FFY 2026: Home Development will continue to update policies and procedures to align with licensing regulation changes. This will include the development and implementation of Extended Foster Care (EFC) policies and procedures for Host Families of EFC young adults. Home Development will work in collaboration with the Behavioral Health and Residential Services program to explore specialized training for TFC families through "Together Facing the Challenge." This will assist in ensuring that therapeutic caregivers' skills are adequate to meet the specific needs of all children and youth needing therapeutic care and that the care provided is consistent.

HD will continue working with the communications director for the DCFS to implement a statewide foster parent recruitment campaign. The recruitment campaign will address the needs for basic level foster homes. The campaign will also address the public's perception of the foster care system and foster parenting.

The DCFS HD will also continue to revitalize the Foster Caregiver Advisory Board statewide to address issues and concerns in the areas of policy and practice, training and support, and communications. A process will be developed to address how concerns will be communicated from the board to the DCFS and how the concerns will be addressed by the DCFS.

P. Behavioral Health and Residential Services Program: This program contracts with and manages placements for children in Foster Care with behavioral health issues, extreme care needs or other challenging placement needs. The DCFS staff work to link children for whom there is no family-based care setting to a residential care that is able to address the supervision, behavior

management, and treatment needs of these children. This program has agreements child residential providers consisting of 10 group homes; one (1) childcare institutions for pregnant and parenting youth; five (5) qualified residential treatment programs; and two (2) childcare institutions youth at high risk for human trafficking. Additionally, the program will utilize providers via single case agreement when no "in-network" provider is able or willing to admit a child.

This program works closely with the Office of Behavioral Health and the Office for Citizens with Developmental Disabilities within the Louisiana Department of Health to serve our most high-needs children. Additionally, for children who are prescribed intensive residential treatment, this program works closely with managed care organizations to whom foster children are linked.

Behavioral Health: Congregate Care and Residential/In-Patient Treatment 2025-2029 goals:

Goal 1: Align congregate care network to supplement family-based options.

Objectives/Expected Outcomes:

By June 2030, the network of congregate care will expand by:

- 36 emergency short term residential beds
- 58 QRTP beds
- 36 Congregate beds with providers who have developed programs for children with developmental disabilities or who are profoundly neurodivergent

This will allow children in custody to have care settings that are able to provide safe and nurturing care and foster care staff and leadership will know there are sufficient resources in the state for children in custody to live.

This will be measured by the number of beds in the network that are available by signed agreement and single case agreement. The BHRSU will maintain a count of beds available. Success is determined by increasing available beds to the indicated numbers.

Resources needed are:

- Funding approval for increased beds.
- Rate Setting.
- Solicitation
- Providers willing and able to undertake this work.
- Provider education

Goal 2: QRTP will expedite permanency.

Objectives/Expected Outcomes:

By June 2029, QRTP will demonstrate

- 30% discharge to a permanent resource with 12 months
- 10% discharge to permanent resource within 6 months

Child Welfare will achieve improved outcomes and children and families will benefit from permanency.

This will be measured by:

System Generated Data:

1. TIPS and information on QRTP LOS and disposition
2. Redcap information on QRTP LOS and disposition

Success will be determined if 30% of children who are admitted to QRTP are discharged to permanency within 12 months of admit, and if 10% discharge to permanency within one month of admit.

Resources needed are:
- Adjust eligibility criteria
- Develop new policies and procedures
- Amend contracts
- Rate adjustment
- Education, coaching and monitoring of QRTP processes
- Continued/enhanced investment in and development of TBRI, Teaming and Family Search and Engagement

Goal 3: Louisiana Child Welfare will increase the precision with which children are matched to congregate care settings. Children will experience supportive and balanced milieu's and will experience greater felt safety, more "placement stability" and less disruptions in their lives. Providers will better design programming, hire staff with essential knowledge and skills to care for the population served in the home, and develop staffing grids to address the supervision and intervention needs of children in the homes.

Objectives/Expected Outcomes:
By June 30, 2029, children who experience congregate care will experience
- 25% decrease in the mean and mode of congregate care episodes per child
- 50% decrease in volume of monthly requests for removals
- 50% decrease in denials due to "child's supervision and care needs exceed provider's capacity"
- 50% increase in annual measurement children's reports of felt safety and satisfaction

This will be measured by:
1. Quarterly provider reports
    - Denials for "child's supervision and care needs exceed provider's capacity"
    - Requests for immediate removals
2. Annual Child report of felt safety and satisfaction
3. CW TIPS Data
    - Number of Congregate care episodes experienced by children in foster care
    - Duration of congregate care episodes

Success is determined by achieving targeted decreases and increases.

Resources needed: Assistance from Data and analytics team develop data collection and aggregation tool.

Behavioral Health and Residential Services Program Update FFY 2025: This program contracts with and manages placements for children in Foster Care with behavioral health issues, extreme care needs, or other challenging placement needs. The DCFS staff work to link children

for whom there is no family-based care setting to a residential care that is able to address the supervision, behavior management, and treatment needs of these children. This program has agreements with Residential Home providers consisting of 17 group homes including one (1) childcare institution for pregnant and parenting youth and six (6) qualified residential treatment programs. During FFY 2024-2025, DCFS amended the agreements to move to greater alignment with Part IV Sec 505741 of The Bipartisan Budget Act of 2018, Public Law 115-12 that requires Specified Settings for Placement (a)(2)(D) to ensure settings provide high-quality residential care and supportive services to children and youth who have been found to be, or are at risk of becoming, sex-trafficking victims, in accordance with section 471 (a)(9)(C)". To achieve this, providers are required to participate in training to ensure the programs meet the standard of high-quality residential care and supportive services were offered as defined by the DCFS, to children and youth who have been found to be sex-trafficking victims or are at risk of becoming sex-trafficking victims. Providers are required to ensure direct care and administrative staff receive the training, maintain records of staff trained, and to develop methods for sharing knowledge and strategies throughout their program(s) to develop and sustain high-quality residential care that offers supportive services to residents who have been found to be, or are at risk of becoming, sex-trafficking victims.

Additionally, the program does utilize (8) eight Residential Home providers via single case agreement (SCA) when no "in-network" provider is able or willing to admit a child. The following table is a list of all current residential providers.

License	Residential Service	Procurement	Name
Residential Home Type IV	ISTR – F	SCA	Empowerment Home
Residential Home Type IV	ISTR –M	SCA	Harmony Lighthouse
Residential Home Type IV	NMGH - F (Lvl 1&2)	Agreement	Boy's Town Magazine Street
Residential Home Type IV	NMGH - F (Lvl 1&2)	Agreement	Anne's House of Hope
Residential Home Type IV	NMGH - F (Lvl 1&2)	SCA	Restoration Center
Residential Home Type IV	NMGH - F (Lvl 1&2)	SCA	ONT
Residential Home Type IV	NMGH- M (Lvl 1&2)	Agreement	Agape I
Residential Home Type IV	NMGH- M (Lvl 1&2)	Agreement	Harmony III
Residential Home Type IV	NMGH- M (Lvl 1&2)	Agreement	Agape II
Residential Home Type IV	NMGH- M (Lvl 1&2)	Agreement	Boy's Town Behrman
Residential Home Type IV	NMGH- M (Lvl 1&2)	Agreement	Boy's Town Bienville
Residential Home Type IV	NMGH- M (Lvl 1&2)	SCA	Rosebud
Residential Home Type IV	NMGH-M/F (Lvl 1&2)	Agreement	Renaissance
Residential Home Type IV	NMGH-M/F (Lvl 1&2)	Agreement	Helen's Hope
Residential Home Type IV	NMGH-M/F (Lvl 1&2)	SCA	Harbor House
Residential Home Type IV	NMGH-M/F (Lvl 1&2)	SCA	Christopher Youth Shelter
Residential Home Type IV	CCI PG&P - F (Lvl 1&2)	Agreement	Light House Ministries
Residential Home Type IV	CCI HT - F (Lvl 1&2)	SCA	Metanoia
Residential Home Type IV	CCI HT M/F (Lvl3)	Agreement	Lafourche Parish Juvenile Justice
Residential Home Type IV	QRTP -F	Agreement	Serene Living
Residential Home Type IV	QRTP -F	Agreement	Cane River

Residential Home Type IV	QRTP- F	Agreement	Raintree House
Residential Home Type IV	QRTP -M	Agreement	Lighthouse Ranch for Boys
Residential Home Type IV	QRTP- M	Agreement	Boy's Town City Park
Residential Home Type IV	QRTP- M/F	Agreement	MacDonell United Methodist

On October 1, 2021, Louisiana established Qualified Residential Treatment Programs (QRTP) in accordance with Section 50741 of Public Law 115-123. At present, the network of residential providers consists of twenty (20) child residential facilities, which includes fifteen (15) Non-Medical Group Homes (NMGH), and six (6) QRTPs. Within the network of providers, two are specified childcare institutions for children who are high-risk for human sex trafficking, and one is specified childcare institution for adolescent females who are pregnant or parenting. In reference to available beds during this last year, the QRTP network was expanded by one provider, adding five additional beds to serve girls, increasing the QRTP capacity to fifty-seven (57), and one bed short of the five-year goal. A new contract was initiated with Crossroads to continue providing QRTP training and coaching on Trust-Based Relational Intervention (TBRI). TBRI training is provided to assist the QRTP network with the ability to deepen their capacity to provide trauma-wise care for residents and their families in efforts to successfully reunite families.

The DCFS does continue to contract with an independent assessor, to determine QRTP eligibility in compliance with federal requirements. It has been noted that in some jurisdictions, achieving court approval for QRTP services within 60 days has become a challenge. In some instances, the courts are not accommodating the requests for court involvement, and in other instances, the request for court approval cannot be signed within the time stipulations.

Foster Children and EFC Youth in QRTP placement from May 1, 2024 to March 31, 2025

Region	# of children	IV-E eligible	Assessment completed	Assessment Approved Placement	Court Date set	Court Approved Placement
Orleans Region	15	5	7	7	3	5
Baton Rouge Region	9	2	5	5	3	3
Covington Region	14	2	6	6	6	6
Thibodaux Region	13	10	7	7	5	5
Lafayette Region	8	3	5	5	2	2
Lake Charles Region	12	5	8	7	7	7
Alexandria Region	9	3	6	6	3	3
Shreveport Region	10	6	5	5	3	3
Monroe Region	12	10	6	6	2	2
DCFS State Office	0	0	0	0	0	0
TOTAL	102	46	55	54	34	36

In effort to address the shortage of beds to provide the care setting needs of children in custody, the DCFS established a new level of congregate care, Intensive Short-term Residential (ISTR) per single case agreement. Providers at this level operate with a doctrine of "no-eject/no-reject", have a lower staff to resident ratio, admit beyond business hours, are accountable to daily Utilization Management surveys, and are reimbursed at a higher per diem. At this time there are twenty-eight (28) ISTR beds in operation. In December of 2024, a sixteen bed ISTR for males opened in the

Central Region of the state. In February of 2025, a six bed ISTR for girls opened in the Southern Region of the state. In April of 2025, a six bed ISTR for males began services in the Southern Region. At this time, efforts continue to open twelve more ISRT beds for girls. It was anticipated that both of these six-bed homes would be in service by March 1st of 2025, but service has been delayed given licensing and building delays. As of May 1, 2025, the ISTR network included 28 beds, six beds short of the 2030 goal.

On August 1, 2024, the DCFS did implement a 10% rate increase for the Child Residential Providers designated as NMGH and QRTP. At this time, a 10% increase for the room and board portion of the per diem for Therapeutic Group Homes has also been implemented.

The Behavioral Health and Residential Unit works closely with the Office of Behavioral Health and all six of the Louisiana managed care organizations (MCOs) foster children are linked to manage their Medicaid benefits. In this reporting period, the DCFS continued to work with six Louisiana MCOs as preferred providers or children and youth in the custody of the state but reduced the preferred provider from three to two. At this time, the two preferred providers are Healthy Blue and Aetna. Child Welfare and the Behavioral Health Unit Staff work closely with these MCOs to manage utilization of treatment of residential behavioral health. This Unit also works closely with the Office for Citizens with Developmental Disabilities within the Louisiana Department of Health to serve the most high-needs DCFS children.

The PRTF network in LA has remained stable, encompassing four facilities that accept Medicaid. During this reporting period, thirteen children in Louisiana custody were not able to be served by the in-state network due to either their unique and acute presentations or due to the lack of an available bed so placement had to be found outside of Louisiana.

Behavioral Health and Residential Services Program Planned Activities FFY 2026: To achieve Goal 1 to align congregate care networks to supplement family-based options the planned activities for the BHRSU unit include:

- Developing a service definition manual for Child Residential Homes.
- Completing rate setting for Child Residential Homes.
- Procuring residential services via the standard contract process to serve children for whom no family-based option is available. The BHRSU will develop a request for information (RFI) using the prescribed RFP process to contract with Child Residential Home providers at the three levels of care that with this license designation: group home (aka non-medical group home level of care), qualified residential treatment providers and intensive short-term residential homes. The RFI will be let by released by January 31, 2026, with the intention of beginning the new contracts on July 1, 2026.

To achieve Goal 2 for QRTP the BHRSU will expedite permanency planned activities which include:

- Revising QRTP service structure and protocols to be aligned with the contemporary guidelines governing QRTP.
    - It is anticipated that new federal guidelines will be forthcoming in the next year.
- Implementing new data collection protocols to better collect QRTP utilization and permanency outcomes.

To achieve Goal 3 to increase precision with which children are matched to congregate care settings, planned activities for the BHRSU include:

- Developing rates, program requirements and contracting with child residential homes that possess specialized knowledge, skills, staff and a physical space to serve specialized populations for focus. Initially, work will be done to develop specialized homes for children and youth with developmental disabilities.
- Work will continue with the existing network of child residential homes to develop competencies to better serve specialized populations for focus.

Child Placing Agencies/Residential Facility Trainings: The DCFS does not provide direct training to state licensed or approved facilities caring for children in foster care; however, training requirements are outlined in the Licensing Regulations. The DCFS Licensing verifies that all licensing requirements, including required training, are met during on-site licensing inspections. During SFY ending June 30, 2023, ten out of eighteen Residential Homes and nine out of sixteen Child Placing Agencies were without training deficiencies following any of their inspections.

Child Placing Agencies and Residential Homes data will be reported annually including site inspections, dates of first and last inspections, training requirements, and the date when all staff training deficiencies were cleared as reported by DCFS Licensing.

Child Placing Agencies/Residential Facility Trainings Update FFY 2025: The DCFS does not provide direct training to state licensed or approved facilities caring for children in foster care; however, training requirements are outlined in the Licensing Regulations. The DCFS Licensing verifies that all licensing requirements, including required training, are met during on-site licensing inspections. During SFY ending June 30, 2024, fourteen of eighteen Child Placing Agencies and all sixteen Residential Homes were without training deficiencies following any of their inspections.

The following table summarizes the Child Placing Agencies and Residential Homes, site inspections, dates of first and last inspections, training requirements, and the date when all staff training deficiencies were cleared as reported by DCFS Licensing from July 1, 2023-June 30, 2024:

CHILD PLACING AGENCIES							
License Number	**Facility Name**	**Address**	**Inspection dates during timeframe of 7/1/23-6/30/24**	**Orientation-7111.A.7.a, 7111.A.7.b-d, 7111.A.7.e and 7111.A.10.c**	**Annual Training 7111.A.8.a-c, 7111.A.8.e and 7111.A.8.f**	**CPR/FA 7111.A.7.f and 7111.A.8.d**	**Date training def. cleared**
2072	MacDonell United Methodist Children's Services, Inc.	8326 Main St Houma, LA 70363 Terrebonne Parish	8/30/2023 9/21/2023 1/31/2024				
2089	Boys Town Louisiana - City Park Family Home	313 City Park Ave New Orleans, LA 70119 Orleans Parish	8/14/2023 10/12/2023 12/6/2023 1/12/2024 03/07/2024				
2107	Lafourche Parish Juvenile Justice Facility	2525 Veterans Blvd Thibodaux, LA 70301 Lafourche Parish	08/16/2023 10/19/2023 11/08/2023 05/21/2024				

2112	Community Receiving Home Inc. dba Renaissance	6177 Bayou Rapides Rd Alexandria, La 71303 Rapides Parish	08/10/2023 10/12/2023 02/29/2024				
2117	Harmony Center, Inc. - Harmony III Group Home	1246 Laurel St Baton Rouge, LA 70802 EBR Parish	07/19/2023 11/01/2023 12/04/2023 03/13/2024				
2154	Raintree House	1219 Eighth St New Orleans, LA 70115 Orleans Parish	07/20/2023 09/27/2023 11/17/2023 03/01/2024 05/01/2024				
2243	Ware Youth Center Shelter	4815 Shed Road Bossier City, LA 71111 Bossier Parish	08/10/2023 11/21/2023				
3707	Boys Town Louisiana - Magazine Family Home	6020 Magazine St New Orleans, LA 70018 Orleans Parish	10/12/2023 08/18/2023 12/06/2023 03/07/2024			8/18/2023- 1 staff failed to have CPR/FA	10/12/2023
6318	Cane River Children's Services, Inc.	425 Rue deGabriel Natchitoches, LA 71457 Natchitoches Parish	09/21/2023 12/14/2023 02/26/2024 05/23/2024				
6620	Christopher Youth Center	205 Smith Ave Monroe, LA 71203 Ouachita Parish	09/25/2023 12/18/2023 03/11/2024				
13553	The Agape House	508 Morris St St. Mary, LA 7538 Franklin Parish	08/15/2023 10/25/2023 12/06/2023	10/25/2023- 1 staff cited			12/6/2023
14589	Behrman Treatment Family Home	1008 Behrman Hwy Gretna, LA 70056 Jefferson Parish	07/26/2023 08/28/2023 10/17/2023 11/02/2023 1/18/2024 02/23/2024 04/22/2024			7/26/2023- 1 staff cited 1/18/2024- 1 staff cited 2/23/2024- 1 staff cited 4/22/2024- 1 staff cited	8/28/2023 2024 citations cleared 3/19/2025
15114	Boys Town Louisiana - Bienville Family Home	3308 Bienville St New Orleans, LA 70119	08/18/2023 10/12/2023 12/07/2023 03/07/2024				
15250	Lighthouse Ranch for Boys	51453 Hwy 443 Loranger, LA 70446 Tangipahoa Parish	11/02/2023 06/17/2024				
16175	The Agape House II	1205 Tallow Tree Ln Harvey, LA 70058 Jefferson Parish	09/28/2023 11/13/2023 01/31/2024 04/25/2024 04/29/2024				
16316	Lighthouse Child Residential Center	150 Lighthouse Ln Reeves, LA 70658 Allen Parish	10/19/2023 12/11/2023 01/11/2024 02/29/2024 04/03/2024				
16326	Metanoia Manor	Metanoia Manor Baton Rouge, LA 70879 EBR Parish	07/13/2023 08/01/2023 10/04/2023 11/16/2023 02/29/2024				
16331	Restoration Crisis Center Therapeutic Home, LLC (RCCTH)	Restoration Crisis Center Therapeutic Home Shreveport, LA 71149 Caddo Parish	08/18/2023 10/24/2023 12/04/2023 02/29/2024 and 5/2/2024	5/2/2024- mandated reporter cited - 1 staff	5/2/2024- mandated reporter cited - 1 staff		9/19/2024

*IF MET, THE CELL IS BLANK. IF NOT MET, THE CELL NOTES DATE AND # OF STAFF THAT DID NOT RECEIVE TRAINING.

RESIDENTIAL AGENCIES							
License Number	**Facility Name**	**Address**	**Inspection dates during timeframe of 7/1/23-6/30/24**	**Orientation- 7313.J.1, 7313.J.2, 7313.J.6, 7313.J.8, 7315.P.2, 7315.P.8, 7315.P.9 and 7313.L.2**	**Annual Training 7313.K.1, 7313.K.4, 7313.K.5, 7313.K.7, 7315.P.5, 7315.P.10, 7315.P.11 and 7319.B.2**	**CPR/FA 7313.J.7, 7313.K.6, 7315.P.7 and 7315.P.12**	**Date training def. cleared**
2309	Louisiana Baptist Children's Home	7200 DeSiard Rd Monroe, LA 71203 Ouachita Parish					
2367	Bossier Kids, Incorporated	2125 Airline Drive Bossier City, LA 71111 Bossier Parish					
2409	Raintree Family Foster Care	1233 Eighth Street New Orleans, LA 70115 Orleans Parish					
6587	Gulf Coast Social Services	5850 Florida Blvd Baton Rouge, LA 70806 EBR Parish					
8793	VOASCL, Client Placing Foster Care/Treatment Foster Care	1945 Carolyn Sue Dr Baton Rouge, LA 70815 EBR Parish					
13372	Cane River Children's Services Child Placing Programs	911 Second Street Natchitoches, LA 41457 Natchitoches Parish					
15826	Gulf Coast Social Services	2400 Edenborn Ave, First Floor Metairie, LA 70001 Jefferson Parish					
16310	Methodist Foster Care - Monroe	3101 Armand St, Suite 3 Monroe, LA 71201 Ouachita Parish					
16323	The Kennedy Center of Louisiana, Inc.	2210 Line Ave, Suite 207 Shreveport, LA 71104 Caddo Parish					
16327	Empower 225 Anchor House	4829 Winbourne Ave Baton Rouge, LA 70805 EBR Parish					
16346	Methodist Foster Care - Covington	102 Highland Park Plaza Covington, LA 70434 St. Tammany Parish					
16350	National Youth Advocate Program	2900 Westfork Dr Suite 401 Baton Rouge, LA 70827 EBR Parish					
16352	Methodist Foster Care - Alexandria	4615 Parliament Dr, Suite 103 Alexandria, LA 71301 Rapides Parish					
16364	Catholic Charities Archdiocese of New Orleans - Therapeutic Family Services	405 Gretna Blvd, Suite 103A Gretna, LA 70053 Jefferson Parish					
16365	Methodist Foster Care-Shreveport	225 Albany St Shreveport, LA 71105 Caddo Parish					
16315/16384	Methodist Foster Care - Lafayette CHOL 3/22/23	1819 W Pinhook Suite 114 Lafayette, LA 70508					

		Lafayette Parish					

*IF MET, THE CELL IS BLANK. IF NOT MET, THE CELL NOTES DATE AND # OF STAFF THAT DID NOT RECEIVE TRAINING

Child Placing Agencies/Residential Facility Trainings Planned Activities FFY 2026: The DCFS Licensing will continue to verify that all licensing requirements, including required training, are met during on-site licensing inspections.

Q. Interstate Compact on the Placement of Children (ICPC) Program: The ICPC coordinates services with other states for out-of-state placements of children in foster care with non-custodial parents, relatives, foster parents, permanent adoptive homes and residential care providers when it is in the child's best interests for achieving permanency or no other appropriate resource is available to meet a child's treatment needs within the state. The ICPC program uses the National Electronic Interstate Compact Enterprise system (NEICE) as its electronic case record. The NEICE MCMS was implemented in Louisiana on October 5, 2020, and is currently used to track placement of children through cross-jurisdictional placement to facilitate timely placement for children. NEICE includes all case record documentation regarding each child placed in the State of Louisiana through ICPC as well as case documentation of children placed by Louisiana into another state. The NEICE system is also used to track the progress of the case, home studies, and monitor cases to ensure they are timely and notify staff when a case is overdue. Louisiana staff actively participate on several committees of the AAICPC as well as the NEICE Guidance Committee to ensure they are knowledgeable on the compact rules and regulations as well as being able to advocate when needed to address concerns related to the compact.

Interstate Compact on the Placement of Children Program 2025-2029 goals:

1. Louisiana will transition to the NEICE Clearinghouse System once the Comprehensive Child Welfare Information System (CCWIS) is implemented.
2. Louisiana ICPC will engage in the activities of the Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC).
3. Louisiana ICPC will develop in-service training regarding the ICPC program to assist staff in understanding the goals of ICPC, understand rules and regulations of ICPC to assist in reducing the number of illegal placements, and provide information on ways to improve home studies and progress reports submitted through the ICPC.
4. Louisiana ICPC will reduce the number of illegal placements made by Louisiana by providing ongoing training and support to the local office staff and judges regarding best practice when making placements and visitations to ensure safety of children and continued services of children once placed in another state.
5. Louisiana ICPC will improve the rate of home studies completed by Louisiana within 60 days as stated in the Safe and Timely Interstate Placement of Foster Children Act of 2006, by reducing the total number of overdue home studies to less than 25 % per year.

ICPC Update FFY 2025: During FFY 2025, Louisiana ICPC continued the use of the NEICE Modular Case Management System (MCMS) 2.0. This system allows Louisiana the ability to communicate and transmit documents to approximately 44 NEICE states. The NEICE system helps to safely and effectively transmit information for children in a timely and efficient manner, reducing the time required for approval and supervision in accordance with the Safe and Timely Interstate Placement of Foster Children Act of 2006.

Louisiana ICPC Team members continue to serve on the NEICE Clearinghouse Technical Committee and NEICE Guidance Committee with the Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC). The Louisiana ICPC Team remains active on the national level and participates on the following AAICPC Committees: Annual Business Meeting, Training, Compliance, and Conference. The Louisiana ICPC Team participated in the monthly AAICPC update meetings. ICPC continued to provide ongoing support and training to the Child Welfare staff, Judges, and Attorneys assisting in Private Adoptions. During FFY 2025, Louisiana implemented a Border Agreement with Mississippi ICPC for relative/kin placements. Texas ICPC has opted not to enter into any border agreement with Louisiana.

ICPC Planned Activities FFY 2026: Louisiana will remain on the NEICE Modular Case Management System (MCMS) 2.0. Louisiana plans to integrate the MCMS and its connection to the NEICE Clearinghouse, within the CCWIS roadmap. Louisiana ICPC will continue to engage in the activities of the Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC). Following the AAICPC Annual Business Meeting, the ICPC program will ensure representation on committees of the AAICPC and continue to network and develop current staff on the duties and responsibilities of ICPC.

Louisiana ICPC plans to continue to develop in-service training regarding the ICPC program for staff to assist in reducing the number of illegal placements and provide information on ways to improve home studies and progress reports submitted through the ICPC. Louisiana ICPC will reduce the number of illegal placements made by Louisiana by providing ongoing training and support to the local office staff and judges regarding best practice when making placements and visitations to ensure safety of children and continued services of children once placed in another state.

Louisiana will continue to implement the Border Agreement with Arkansas ICPC. Louisiana will continue to work closely with Texas ICPC to ensure the safety of children placed between the two states. Louisiana ICPC will improve the rate of home studies completed by Louisiana within 60 days as stated in the Safe and Timely Interstate Placement of Foster Children Act of 2006, by reducing the total number of overdue home studies to less than 25 % per year.

SERVICE COORDINATION: The Louisiana Prevention Unit now oversees services provided by through following programs: Family First Prevention Services Act (FFPSA), My Community Cares (MCC), Kinship Navigator (KN) and Substance Abuse Counselors (SAC). The prevention 5-year goals are included below:

Prevention 2025-2029 goals:

1. To take a more preventive approach to service delivery. Raising community awareness of community prevention services, My Community Cares and Kinship Navigator program, before a family comes to the attention of the DCFS.
2. To educate the DCFS frontline staff on the prevention service array, benefits of services and how the services can reduce the number of removals from the home resulting in the increase
   referrals.
3. Ensure deliverables of the FRC contracts are appropriate and are being met.
4. Ensure the Intercept and Child First Request for Proposals are fully implemented.
5. Focus on the financial sustainability of MCC including diversifying funding for MCC.

6. To explore future opportunities to broaden the prevention service array not only to DCFS families but also to children in the community.

The coordination of service delivery through the DCFS CW programs with participants, including other government agencies, private partners, community organizations, other stakeholders, and the clients is discussed throughout this plan. The utilization of other federally funded programs such as TANF, CCDF, Medicaid, SNAP, etc., is presented in the initial section on *Collaboration*. Involvement with Community Based Child Abuse Prevention grantees and programs, the Children's Justice Act, and the Court Improvement Project are also presented in the initial section on *Collaboration,* and in other locations within the plan as appropriate.

Family First Prevention Services Act (FFPSA): Louisiana's FFPSA Plan was approved, and the effective date of Louisiana's plan is October 1, 2022. The DCFS has developed a referral process, policies and procedures for FFPSA services being provided through Child First and Intercept. The DCFS is actively working to create a robust continuum of prevention services, with FFPSA focusing on families at risk of removal and entry into foster care.

Louisiana DCFS's vision is to transform the social service system in partnership with public agencies, private agencies, courts, and community partners, so that the children, youth, families, and pregnant and parenting youth we serve and support are:

- Safe and free from maltreatment;
- Living in safe, supportive, and stable families where they can grow and thrive;
- Healthy and resilient with lasting family connections;
- Able to access a full array of high-quality services and supports that are designed to meet their needs; and
- Partnered with safe, engaged, and well-prepared professionals that effectively collaborate with individuals and families to achieve positive and lasting results.

Ongoing strategies for accomplishing these goals are to:

1. Promote safe, reliable, and effective practice through a strength-based, trauma-responsive practice model for child welfare services.
2. Engage in a collaborative assessment process that is trauma-informed, culturally responsive, and inclusive of formal and informal family and community partners.
3. Expand and align the array of services, resources, and evidence-based interventions available across child welfare services based upon the assessed needs of children, families, and pregnant and parenting youth, to include additional resources aimed at preventing maltreatment and unnecessary out-of-home placements.
4. Invest in a safe, engaged and well-prepared professional workforce through training and other professional development including strong supervision and coaching.
5. Modernize the DCFS's information technology to ensure timely access to data and greater focus on agency, individual, and family outcomes.
6. Strengthen the State and local continuous quality improvement processes by creating useful data resources to monitor performance, using evidence to develop performance improvement strategies, and meaningfully engaging internal and external stakeholders.

Louisiana's initial state Title IV-E Prevention Plan is intentionally narrow in scope. Our intent is to first solidify a basic operational foundation by utilizing principles of implementation science and then expanding capacity through subsequent amendments to the plan. The prevention service

array will expand through plan amendments as additional evidence-based services are approved through the Title IV-E Prevention Services Clearinghouse.

To ensure fidelity the DCFS intends to build a Louisiana Assessment Model that will be implemented in all CW programs to measure and evaluate the impact on service delivery with changes to the model as needed to improve effectiveness. The DCFS has identified several pathways for families to receive a continuum of primary, secondary, and tertiary prevention services in Louisiana. This includes families who are not known to the Department, known but with risk factors, and those families who have a finding of abuse and/or neglect with safety and/or risk factors. Candidates for Family First Prevention Services will include:

- A child who is a victim of maltreatment in which safety and risk factors can be mitigated by the provision of in-home services and is able to safely remain at home with a child-specific Prevention Plan;
- Children who have exited foster care through reunification, guardianship, or adoption and may be at risk of re-entry.

Louisiana's definition for candidacy for foster care is a child, under the age of 21, who is at imminent risk of foster care entry or re-entry. A family is a candidate for prevention planning when a child or children in the family meet one or more prevention planning candidacy eligibility criteria and the family is matched with an approved evidence-based prevention service. For the purposes of eligibility determinations, the term family includes situations when children are living with kinship caregivers or other guardians. Louisiana has defined the following prevention candidacy eligibility categories:

- The child is at imminent risk of out-of-home placement or re-entry into Foster Care
- Family Services is being implemented to provide reasonable efforts to prevent the need for the removal of the child from the home.
- A child whose family has a substance abuse issue affecting the care and safety of the child or a child born exposed to substances.
- Siblings of children in Foster Care who reside at home and have assessed safety concerns.

Based on a thorough understanding of key populations afforded by a review of data, the DCFS and its partners reached a decision as to which children and families could be eligible for and ultimately receive services under the prevention plan. Louisiana will continue to analyze data and may expand the candidacy description or refine the imminent risk criteria in later iterations of this plan. There is commitment by the DCFS to serve as many families as possible and appropriate through Title IV-E preventive services.

All families with an active DCFS case have identified risk factors and/or safety concerns that led to a determination of the need for ongoing intervention and support to enhance safety and mitigate risks for one or more children in the family. The DCFS uses a formal Safety Assessment (form 5) and Structured Decision-Making (SDM) tools to assess safety and risk. These tools guide decisions regarding determinations to provide treatment services. Therefore, all children involved in a family treatment case meet criteria of risk of entering foster care without provision of services and support to mitigate risks and address safety concerns. Pregnant/parenting youth are eligible for services to support development of effective parenting practices and prevent the foster youth's child from entering the DCFS custody.

To determine candidacy eligibility, families with a child or children who meet one or more criteria will be assessed to identify risks and underlying needs. This assessment will include a review of information from safety and SDM tools, assessment information from other involved agencies, and information the family provides. The family team will work together to develop a plan to address needs and mitigate risks.

The Family First Core Team comprised of management, workgroup leads, and communication staff guided by the Capacity Building Center for States, along with local partner agencies, Judges, service providers, community partners, parents and youth with lived experiences, and other stakeholders worked to review data and focus on the specific needs of children in Louisiana to develop our Family First five-year plan. Louisiana has chosen to start our prevention efforts using Intercept and Child First with a specific focus on children with at-risk behaviors and substance exposed newborns.

The Family First Services and Prevention Act requires that each program listed in a State's Five-Year Title IV-E Prevention Program Plan have a well-designed and rigorous evaluation strategy, unless granted a waiver from HHS. With a rating of "well-supported," the DCFS is requesting a waiver from conducting a rigorous evaluation of Intercept. The Child First program is currently rated as "supported" by the Title-IV E Clearinghouse. The DCFS is committed to continuous quality improvement through contract monitoring and measuring implementation fidelity and outcomes of evidence-based programs rated as "well-supported" as well as those rated as "supported" or "promising." On a semiannual basis, the DCFS will conduct fidelity reviews of both Intercept and Child First. A rigorous evaluation will be required to measure outcomes for Child First participants. The DCFS entered into a contract with the University of Louisiana at Lafayette, Kathleen Babineaux Blanco Public Policy Center (Blanco Center) to provide research support to the DCFS in identifying best practices for agency programs; assisting agency staff to identify and track key metrics related to program activities and outcomes; and conducting program evaluations to support the agency's efforts to improve the quality and impact of programs administered by the DCFS. The DCFS also entered into a contract with the Baldacci Consulting Group to provide ongoing support for the development of the 5-year IV-E Prevention Services Plan related to data reporting, financing, and cost allocation.

Child First has been implemented in pilot areas of the State with the most out of home placements of children ages 0-5. Social Work Professional Services, Counsel Nola, theBridge and Volunteers of America South Central Louisiana are all offering Child First services across the State of Louisiana. Counsel Nola offers services in Orleans, E. Jefferson, W. Jefferson, Tangipahoa, Washington, St. Bernard, Plaquemines, St. Helena, and St. Tammany. Social Work Professional Services offers services in Caddo, Bossier, Webster, and Desoto. TheBridge offers services in Rapides, Ouachita, Lincoln, and Lafayette. Volunteers of America South Central LA (VOASCLA) began offering services in January 2024. They currently provide services in Livingston, W. Baton Rouge, E. Baton Rouge, E. Feliciana, and W. Feliciana. The DCFS will continue to expand Child First Services across the State of Louisiana. Child First services were provided to eighty families from July 2023 to January 2024.

The DCFS continues to work with the providers to make sure each Model is being delivered with fidelity. The DCFS has continued to incorporate and update policy, programming, and continuous quality improvement and evaluation as part of the prevention plan during FFY 2024. The DCFS continues to work with the Blanco Center in developing quality performance measures to monitor

Child First services. Currently the Blanco Center has developed a Child First Implementation Timeline and Evaluation Plan Overview as a guide to review the program service array and progress with a goal to start these reviews in the next year. The DCFS also continues to review the candidacy definition and look for opportunities to broaden the service delivery of FFPSA through Child First and Intercept Services. Both of these programs started in the State of Louisiana under an emergency contract. In an effort to continue both of these programs and expand services across the state, the DCFS issued a Request for Proposal (RFP) for Intercept on April 18, 2024, and the Child First RFP is in the process of being submitted to the Office of State Procurement (OSP) for publication.

The DCFS has expanded Intercept Services to two providers. Youth Villages provides Intercept services within the Baton Rouge, Covington, and Orleans Regions in the following parishes: East/West Jefferson, Orleans, Livingston, Tangipahoa, East Baton Rouge, St. Tammany and St. Bernard. Choices provides Intercept services within the Shreveport Region in the following parishes: Caddo, Bossier, Webster, Claiborne, De Soto, Sabine, Red River, Bienville, Natchitoches, and Jackson. The DCFS has continued to work with the providers to ensure they are using the model to fidelity.

The DCFS BH unit has worked to refine and develop QRTP policies and protocols to achieve maximum efficacy to the FFPSA intent and guidelines. The DCFS has sought technical assistance to provide education, training and coaching to QRTP providers. The DCFS has also continued to provide QRTP services, which includes services and supports targeted to at-risk children and youth with significant behavioral health challenges or co-occurring disorders to the most appropriate, family focused, and youth informed care providers. In FFY 2024, the DCFS maintained six contracts with Qualified Residential Treatment Facilities. The DCFS has continued to follow QRTP policy regarding the federal requirements of an independent assessment for eligibility be conducted by a Qualified Individual (QI) within 30 days for all youth placed in a QRTP and the courts being required to approve all QRTP placements within 60 days in order for the DCFS to seek Title IV-E reimbursement. However, there are cases in which the child is accepted into a QRTP but then does not stay long enough for the initial assessment to be completed due to the child returning home or to their foster home, another hospitalization, the facility asking for the child's removal due to not following the rules, the child may have runaway and/or other individual specific needs changing.

The DCFS has continued the contract with Crossroads to continue QRTP training coaching on Trust-Based Relational Intervention (TBRI). In September 2022, the DCFS launched a bi-monthly clinical education series for BHRSU and QRTP Liaisons to enhance knowledge and problem solving in for youth with behavioral health challenges and this continued during FFY 2024. This educational series has been provided via a contract through the Office of Behavioral Health.

Louisiana DCFS developed a prevention unit that oversees the FFPSA plan including the monitoring of service providers, the My Community Cares program, Kinship Navigator, CARA, and the substance abuse counselors.

FFPSA- Intercept/Child First 2025-2029 goals:

- Increase the DCFS awareness and benefit of the program services and importance of making timely referrals and how it reduces the number of removals. Documented by an

increase in the number of referrals to Intercept and Child First Services, continuous active caseload numbers by providers.

- Implement data collection/evaluation with Blanco Center for Child First documented by data collection timeline implementation.

Family First Prevention Services Act Transition Grants Update FFY 2025: The DCFS state office program staff held quarterly meetings with the regional office staff to reinforce Child First and Intercept Policies and Referral Procedures and allowed time for questions and comments about service delivery in their area. Information was also presented at the bi-annual summit meetings in Covington, Alexandria, and Shreveport regions in July 2024 and Lake Charles, Orleans, Shreveport, Monroe, and Covington regions in January 2025 in order to reiterate the purpose of FFPSA, the benefits of Child First and Intercept, and provided a refresh on the referral process and policy on these programs. Child First and Intercept providers were also invited to speak about their programs at that time.

The DCFS held monthly meetings between field level staff, Child First providers, and state office program staff to reiterate the benefits of the Child First program, services available in selected areas, eligibility, and the referral process. Additionally, Child First providers gave updates on the families being served and discussions were held regarding any issues with referrals. The DCFS continued work with the Blanco Center to develop the processes for the Child First evaluation. As a result of this collaboration, a data reporting schedule was created and shared with Child First affiliates. Work was done one to one with each affiliate to finalize data sharing agreements and ensure an understanding of the process to begin submission outcome data to the Blanco Center beginning in May 2025. In the past year, the funding was used to support the continuation, growth, and further implementation of programs that will transition to IV-E Prevention funds. Funding was also used to research, develop, and support family finding practices and kinship programs within the state that are planned to be added to the IV-E prevention plan in the future.

The charts below show the number of referrals to Child First affiliates and the active caseloads by affiliate by month for each FFY:

Child First in Louisiana –Monthly Referrals FFY 2024				
Month	**Counsel Nola Orleans**	**theBridge Monroe**	**Volunteers of America East Baton Rouge**	**Social Work Professional Services Caddo**
May 2024	12	15	12	0
June 2024	12	11	13	6
July 2024	2	12	13	7
August 2024	16	22	17	8
September 2024	9	12	13	8
Total	**51**	**72**	**68**	**29**

Child First in Louisiana – Monthly Referrals FFY 2025				
Month	**Counsel Nola Orleans**	**theBridge Monroe**	**Volunteers of America East Baton Rouge**	**Social Work Professional Services Caddo**
October 2024	10	22	6	10
November 2024	5	12	5	9

December 2024	3	13	5	2
January 2025	5	15	6	3
February 2025	10	17	5	5
March 2025	13	21	3	0
April 2025	6	15	9	0
May 2025				
June 2025				
July 2025				
August 2025				
September 2025				
Total	**52**	**115**	**39**	**29**

As seen in the charts above, a comparison of the data from FFY 2024 to FFY 2025 shows a significant decrease in referrals for Volunteers of America (down 43%). This could be attributed to the combined prevention services offered in this area through both Child First and Intercept programs, especially since services through Intercept expanded to all ages in 2024. Discussions have been underway with the DCFS staff and managers to determine how a determination is made regarding which program is most appropriate to meet a family's needs prior to referral.

Between the FFY 2024 and FFY 2025 time periods, there was a slight increase in referrals for Counsel Nola (2%) and a significant increase for The Bridge Family Therapy (60%). Both programs continued to communicate with staff in the regions about referral status and case progress. Counsel Nola has experienced some staff turnover but has utilized their director for clinical support when needed until positions are filled again. The Bridge director and clinical supervisor have been very proactive in their regions to communicate frequently with staff and the DCFS state office program staff when necessary to ensure the flow of referrals and timely services to families. Additionally, the Bridge proudly reported a very high retention rate of 94% of their staff, which allows for the continuity of the Child First services in their areas.

Although Social Work Professional Services (SWPS) reported the same total number of cases in FFY 2024 and FFY 2025, they were not confident that the number of cases was enough to be able to sustain their program each year. Consequently, they made the decision in December 2024 to no longer provide Child First Services once their contract ends on June 30, 2025. The DCFS and SWPS met in January 2025 to discuss a transition plan in order to ensure that the families on their caseloads at that time would be able to complete services. Beginning January 2025, SWPS stopped accepting new referrals.

Child First in Louisiana – Monthly Active Caseload by Affiliate FFY 2024				
Month	**Counsel Nola Orleans**	**theBridge Monroe**	**Volunteers of America East Baton Rouge**	**Social Work Professional Services Caddo**
May 2024	22	23	12	6
June 2024	21	25	21	1
July 2024	24	29	27	10
August 2024	25	35	22	12
September 2024	33	38	30	21
Monthly Average*	**25**	**30**	**22.4**	**10**

*Monthly Average is shown rather than a grand total to avoid duplication in counts of families being served for several months.

Child First in Louisiana – Monthly Active Caseload by Affiliate FFY 2025				
Month	**Counsel Nola Orleans**	**theBridge Monroe**	**Volunteers of America East Baton Rouge**	**Social Work Professional Services Caddo**
October 2024	30	43	24	22
November 2024	29	41	25	20
December 2024	27	34	25	18
January 2025	22	31	22	18
February 2025	27	34	21	12
March 2025	29	38	15	7
April 2025	29	41	14	4
May 2025				
June 2025				
July 2025				
August 2025				
September 2025				
Monthly Average	**27.6**	**37.4**	**20.9**	**14.4**

*Monthly Average is shown rather than a grand total to avoid duplication in counts of families being served for several months.

During the period between FFY 2024 and FFY 2025, all affiliates, except Volunteers of America showed an increase in their average monthly caseloads. The Bridge Family Therapy showed the greatest increase in caseload average (7.4%). The increases in the regions may be attributed to on-going conversations with staff and courts regarding early case closures which do not allow the provider to complete the entire program with the family. Reasons for these closures may have been either due to a determination made that the SDM assessment rated the family as low risk, the court ordered that the case be closed, or that the family no longer wished to participate. These issues are continually discussed during monthly calls and progress has been seen with a decline in early closures.

The charts below are the characteristics of children served by Child First:

Family First Prevention Services Act Transition Grant: Characteristics of Children Served by Child First from May 1, 2024-September 30, 2024											
REGION	**African American Females**	**Caucasian Females**	**Multi-Race Females**	**Total Females**	**African American Males**	**Caucasian Males**	**Native Hawaiian Males**	**Total Males**	**African American Unknown Gender**	**Unknown Total**	**Grand Total**
Alexandria	1	5	0	6	2	5	0	7	0	0	13
Baton Rouge*	9	1	1	11	18	2	5	25	0	0	36
Covington	6	8	0	14	5	7	0	12	1	1	28
Lafayette	6	3	0	9	2	2	0	4	0	2	15
Monroe	6	4	0	10	12	12	0	24	0	1	35
Orleans	14	2	0	16	9	1	0	10	0	0	26
Shreveport*											15
TOTAL	**42**	**23**	**1**	**66**	**48**	**29**	**5**	**82**	**1**	**4**	**168**

*Baton Rouge numbers include Livingston parish which is part of the Covington region.

* Shreveport provider did not have the breakdown of races by gender. They did report a total of 8 African American and 7 Caucasian as well as 14 being of non-Hispanic origin.

Family First Prevention Services Act Transition Grant: Characteristics of Children Served by Child First from October 1, 2024-April 30, 2025

REGION	African American Females	Caucasian Females	Multi-Race Females	Total Females	African American Males	Caucasian Males	Native Hawaiian Males	Total Males	African American Unknown Gender	Unknown Total	Grand Total
Alexandria	3	6	1	10	5	3	0	8	0	0	18
Baton Rouge*	15	0	2	17	13	1	6	20	0	0	37
Covington	4	13	0	17	7	6	0	13	1	1	32
Lafayette	9	8	0	17	8	5	0	13	0	4	34
Monroe	13	10	0	23	14	15	0	29	0	2	54
Orleans	17	4	0	21	16	5	0	21	0	0	42
Shreveport*											25
GRAND TOTAL	**61**	**41**	**3**	**105**	**63**	**35**	**6**	**104**	**1**	**7**	**242**

*Baton Rouge numbers include Livingston parish which is part of the Covington region.

* Shreveport provider did not have the breakdown of races by gender. They did report a total of 15 African American and 10 Caucasian as well as 25 being of non- Hispanic origin.

The DCFS held monthly calls with Choices Intercept and the local staff to discuss available service and any challenges in an effort to increase referrals in the Shreveport area. The DCFS held quarterly calls and additional calls, as needed, with Youth Villages Intercept to discuss needs related to referrals in the areas being served by their Intercept program. Additionally, the contract monitor reached out to local offices when an issue was identified in order to address any concerns from the provider related to the number of referrals received in a particular area. The DCFS contracted with two additional Intercept providers to continue the expansion of these services across the state. Intercept services are now being offered in Thibodaux, Lafayette, and Alexandria regions in addition to a few added parishes in the Baton Rouge region.

The charts below show the number of referrals to Intercept affiliates and the active caseloads by affiliates:

Intercept- Monthly Referrals FFY 2024		
Month	**Choices**	**Youth Villages**
May 2024	6	29
June 2024	10	22
July 2024	8	25
August 2024	6	12
September 2024	7	18
TOTAL	**37**	**106**

Intercept- Monthly Referrals FFY 2025				
Month	**Choices**	**Youth Villages**	**Start Corp***	**Extra Mile^**
October 2024	7	32		
November 2024	7	9		
December 2024	7	12		
January 2025	8	23	1	
February 2025	13	31	5	
March 2025	6	30	7	2
April 2025	5	35	7	17
May 2025				
June 2025				
August 2025				
September 2025				
TOTAL	**53**	**172**	**20**	**19**

*Start Corp and Extra Mile Expanded Intercept Services beginning in January 2025

As seen in the charts above, the two existing Intercept providers (Choices and Youth Villages) both demonstrated increases in referrals between FFY 2024 and FFY 2025. Start Corp and Extra Mile recently began providing Intercept Services in 2025 and both programs are showing promise for on-going success. Both providers have worked hard to market their programs to staff in their regions and maintain frequent contact with staff regarding availability on their caseloads.

Intercept- Monthly Clients Served FFY 2024		
Month	**Choices**	**Youth Villages**
May 2024	7	62
June 2024	10	64
July 2024	13	65
August 2024	14	62
September 2024	12	50
Monthly Average	**11.2**	**60.6**

Intercept- Monthly Clients Served FFY 2025				
Month	**Choices**	**Youth Villages**	**Start Corp***	**Extra Mile***
October 2024	12	50		
November 2024	10	52		
December 2024	10	48		
January 2025	10	50	3	
February 2025	11	54	12	
March 2025	11	59	17	3
April 2025	15	65	20	8
May 2025				
June 2025				
July 2025				
August 2025				
September 2025				
Monthly Average	**11.3**	**54**	**13***	**5.5***

*Start Corp and Extra Mile began expanding Intercept Services in January 2025

Choices Intercept has remained stable with the number of clients being served, despite a 16% increase in referrals between FFY 204 and FFY 2025. This may be attributed to case closure data that shows a higher rate of closures than intakes. Choices Intercept data does show closures due to many successful completions, as well as closures due to judicial intervention or the youth no longer being in the DCFS custody.

Youth Villages Intercept did experience a slight decline in the average number served each month between FFY 2024 and FFY 2025 (21.2%). As a result, Youth Villages has been meeting with the individual regions since January 2025 to discuss referrals, to ask staff in the regions about their experience with the program, and to discuss successes with their families and/or challenges. Youth Villages and the DCFS have also been working together to remind staff about the benefit of the program and the referral process.

Both Start Corp and Extra Mile are new providers but are working toward a continued increase in their caseloads on a monthly basis as they establish themselves. These two programs are working hard to keep staff in their areas aware of their services and offer support to their families. The providers are providing weekly updates to the regions regarding the number of referrals received each week, the current caseload count, and the number of cases they are able to accept each week.

The charts below are the characteristics of children served by Intercept:

Family First Prevention Services Act Transition Grant: Characteristics of Children Served by Intercept from May 1, 2024- September 30, 2024												
REGION	**African American Females**	**Caucasian Females**	**Hispanic Females**	**Multi-Race Females**	**Total Females**	**African American Males**	**Caucasian Males**	**Hispanic Males**	**Multi Race Males**	**Total Males**	**Unknown Gender**	**Grand Total**
Baton Rouge	12	8	2	1	23	10	7	1	2	20	0	43
Orleans	7	1	0	0	8	3	1	2	1	7	1	16
Shreveport	4	2	0	2	8	4	2	0	1	7	1	16
GRAND TOTAL	**23**	**11**	**2**	**3**	**39**	**17**	**10**	**3**	**4**	**34**	**2**	**75**

Family First Prevention Services Act Transition Grant: Characteristics of Children Served by Intercept from October 1, 2024- April 30, 2025												
REGION	**African American Females**	**Caucasian Females**	**Hispanic Females**	**Multi-Race Females**	**Total Females**	**African American Males**	**Caucasian Males**	**Hispanic Males**	**Multi Race Males**	**Total Males**	**Unknown Gender**	**Grand Total**
Baton Rouge	16	12	2	1	31	13	7	1	4	25	0	56
Orleans	7	0	1	0	8	2	1	1	0	4	0	12
Shreveport	4	2	0	1	7	2	5	0	0	7	0	14
GRAND TOTAL	**27**	**14**	**3**	**2**	**46**	**17**	**13**	**2**	**4**	**36**	**0**	**82**

* Characteristics data for the newly expanded regions (beginning 2025) was not provided.

Family First Prevention Services Act Transition Grants Planned Activities FFY 2026: The DCFS plans to continue work on the expansion of Child First services in Louisiana through completion of the RFP (Request for Proposals) and selection of providers to begin in SFY 2026. The submission period is closed, and the review of proposals is underway. The DCFS plans to continue to provide support to new Intercept teams and potential providers for Child First in order to ensure successful implementation in the assigned areas. The DCFS plans to ensure data collection for the Child First evaluation and timely submission of outcome reports. The DCFS plans to continue on-going communication and messaging to staff in the regions regarding the Child First and Intercept providers in their area as well as the purpose of these programs, the referral processes, and overall benefits for children and families. Family First Transition Grant funds will be obligated by September 30, 2025 and fully liquidated by January 28, 2026, according to the federal grant timelines. Upon exhaustion of the transition grant funds, Louisiana DCFS plans to continue all current programs by transitioning to the use of IV-E funding. All current programs will be covered by IV-E funding with the state providing the required match.

FAMILY FIRST TRANSITION ACT FUNDING CERTAINTY GRANTS: Not applicable at this time as Louisiana is not a waiver state and did not receive a certainty grant.

My Community Cares: During the last five years, the DCFS partnered with the CIP, Mainspring, and My Community Cares local staff and community members to launch, implement, and expand My Community Cares (MCC) to improve service array for children and families as well as prevent entries of children in foster care. Each of the nine MCC sites are located in the parish within the region that has the historically highest rate of child abuse and neglect cases and children entering

foster care based on DCFS data. The CIP partnered with the DCFS, model developer, Mainspring, and My Community Cares local staff and community members to create a new expanded model/toolkit of MCC. This will improve service array for Louisiana children and families as well as prevent entries of children in foster care. LA Public Health Institute (LPHI) is the new Organization Home for My Community Cares. The Casey Family Program also provides support and assistance with the implementation and expansion of MCC to prevent Child Abuse and Neglect.

My Community Cares 2025-2029 goals:

Continue to build rapport and solidify the DCFS relationship with LPHI, new organizational home, including implementation of a transition plan and identified goal to increase financial sustainability by:

- Measuring an increase in stakeholders' participation in meetings.
- Measuring increase in identified long-term funding.
- Measuring successful transition to new organizational home.
- Working with a new organization home to sustain My Community Cares in the community, raising community awareness of the preventive services offered, and ensuring services are easily accessible.
- Exploring data trends and measurements to determine service needs in each priority zip codes.
- Evaluating monthly DCFS reports of abuse/neglect in the priority neighborhoods.
- Measuring the increase/decrease in number of referrals to the program and the number of community members aware of the program. The number of referrals can be measured and the community can be polled on My Community Cares awareness.

My Community Cares (MCC) Update FFY 2025: My Community Cares (MCC) has been fully implemented and staffed across all nine regions of the state. Each site has identified priority neighborhoods within their respective zip codes, and neighborhood teams were actively developed to support localized engagement. The program is designed to empower communities, reduce risk factors, and ensure that families are informed about the resources available to them before crisis occurs. Through partnerships, outreach, and community engagement, MCC aims to reduce the need for formal DCFS intervention.

- MCC is implemented through a combination of subcontracted and in-house models within the state's Family Resource Centers (FRCs), with six regions subcontracting the service and five operating it internally.
- Local MCC teams conduct community needs assessments, host Parent Cafés and Community Cafés, and facilitate ongoing outreach events to connect families with resources and build neighborhood-level support networks.
- In support of local sites and in conjunction with LPHI, the DCFS has ensured consistent implementation and knowledge sharing across regions.
- Three DCFS staff members are dedicated to monitoring MCC contracts and facilitating collaboration between MCCs, FRCs, and DCFS. An additional staff member supports statewide MCC implementation.

In conjunction with these efforts, action plans have been created, and Community Cafés and/or Parent Cafés are being held to foster meaningful dialogue, strengthen family and community connections, and support child and family well-being. MCC case managers continue to provide

solution-focused casework to families, with a primary emphasis on those residing in identified priority zip codes. Services are extended to families outside of these areas based on individual needs and available resources.

In 2024, the Louisiana Public Health Institute (LPHI) began to serve as the organizational home for My Community Cares. LPHI has worked in close collaboration with the designated MCC sites in Louisiana's nine regions to ensure consistent, high-quality service delivery, maintain programmatic continuity, and adapt implementation strategies to meet the unique needs of each region. Additionally, LPHI oversees data collection, monitoring, and evaluation efforts to support continuous improvement and ensure the effectiveness of MCC activities statewide.

Program Impact:

- From October 1, 2023 to September 30, 2024, MCC provided services to 282 families.
- As of October 1, 2024 -April 30, 2025, during the current federal fiscal year, MCC has already served 864 families, demonstrating significant growth in outreach and service delivery.

My Community Cares (MCC) Planned Activities FFY 2026: My Community Cares (MCC) will remain active in all nine regions of Louisiana, with a primary focus on serving families in priority zip codes**,** areas with historically higher rates of child welfare involvement and removals. While MCC prioritizes these zip codes, services will also remain available to families throughout the surrounding regions. The DCFS will continue working to strengthen the partnership with LPHI to ensure program continuity and long-term sustainability. The DCFS will work to increase stakeholder engagement by promoting community awareness of MCC's preventive services and ensuring services are accessible throughout the priority neighborhoods and beyond. The DCFS will work to analyze regional data trends in an effort to determine service needs in each targeted zip code and used to guide resource allocation and program development.

Kinship Navigator: The DCFS is working with stakeholders to develop a sustainable service network to support kinship caregivers. The overarching goal of a kinship navigator program through title IV-B funding includes assisting kinship caregivers in learning about, as well as finding and using programs and services to meet the needs of the children they are raising. It is intended to support accessing services for their own needs and to promote effective partnerships among public and private agencies to ensure kinship caregiver families are served.

To inform the development of our kinship navigator program, a steering committee comprised of DCFS staff, kinship caregivers and other community stakeholders was created. To guide development work, focus groups were held across the state and surveys administered to identify the specific needs and experiences of relative caregivers as well as gather demographic data on the families providing care to relative children.

The greatest needs identified through these processes by kinship caregivers included financial assistance, expedited foster home certification for families with children in state custody, childcare assistance (for those with preschool children), assistance in addressing behavioral or mental health needs of the child, access to legal information, and parenting education/child development information. Based upon these findings, the department has prioritized the development of the following services and supports to kinship families, which will be underway in the upcoming CFSP plan period:

- ❖ Collaborating with LA Methodist Children's Home, a licensed child-placing agency to train, assess, and expedite certifications of kinship families providing care to children in state custody. As families reported certification timeframes of several weeks to several months during the focus group meetings, this expedited process seeks to complete family certifications within 45 days and provide 90-days of support after initial certification. This strategy will ensure kinship families receive necessary initial training and information soon after placement of the children in their home, as well as financial assistance through foster care board payments.
- ❖ Addressing the cited issue and need for legal information by kinship caregivers, the Pelican Center for Children and Families and the DCFS will conduct research and develop legal resource information guides, fact sheets, and a legal training curriculum to be available to kinship caregivers regardless of their involvement or connection to the DCFS.
- ❖ Developing updated Kinship Caregiver Information Guides. This provides kinship caregivers with basic information on kinship care; available federal and state financial resources for which they may be eligible; and directs them on how to access local community resources for information or assistance.
- ❖ Collaborating with LA 211 to determine services available to expedite access to needed information by kinship caregivers.
- ❖ Securing access to national kinship-care resource material and information through the KINCARE Today magazine to provide this information to kinship families and DCFS staff and family resource centers assisting those families.
- ❖ Updating the DCFS website to provide additional kinship information to assist families while further exploration of a stand-alone Kinship Navigator website takes place.

Kinship Navigator 2025-2029 goals:

- Work with CPS/FS program to develop policies to share Kinship Navigator Program information.
- Increase Community Awareness of services/funds available through Kinship Navigator
- Kinship Navigator and Specialist will Create Community Awareness Plan- Increase Community Outreach to raise community awareness of Kinship Navigator so those kinship caregivers are aware of how to access services/supports to keep children in their care.
- Assist with identifying barriers to services/supports to ensure services are accessible through the Quarterly Community Awareness program, amount of money spent, and number of families serviced.
- Documented by family follow-up to determine if needs were successfully met.
- Documented by an increased number of families seeking kinship navigator services.

LA-KNP Update FFY 2025: The Louisiana Kinship Navigator Program continued to serve as an information and referral network for kinship caregivers who are providing full-time care to children other than their own through title IV-B funding. The Kinship Navigator Program continued to expand services and resources and invite community partners, faith-based organizations, and other community organizations to collaborate and provide support to kinship families. The 2-1-1 toll free number continued to serve as the statewide phone number relative caregivers can call to request information or resources to assist their family. Statewide availability to families seeking kinship resource information has been available through this same toll-free hotline by dialing 211 and or texting KINSHIPLA to 8980211. This resource is available 24 hours a day providing all kinship callers with information and resources available in their area specific to their indicated need or request.

Grandparents Raising Grandchildren (GRG) continued to provide a toll-free Kinship Caregiver Support Warm Line at 1-844-714-0008 for caregivers to have access to emotional support during periods of crisis or to provide them with resource information including 211. GRG has continued to utilize a portion of their funding on billboards posted across various regions of the state to increase public awareness about Grandparents Raising Grandchildren and services available to relative caregivers. GRG hosted an annual conference on April 25, 2025, focused specifically on kinship caregivers. The conference included community resource exhibitor booths, guest speakers, and workshops to offer information and support to kinship families across the state. GRG currently has eight support groups offered across the state and GRG is currently in negotiations to start hosting four more support groups. GRG has also continued to offer quarterly legal workshops in Baton Rouge in-person and by Zoom during this FFY.

The DCFS continued their partnership with James Samaritan, a non-profit that creates healthy support systems for children and families in the foster care system. James Samaritan (JS) provided support services to informal kinship caregivers and ensured formal kinship caregivers are certified, and children are maintained in their placements. JS collaborates with Kinship Navigator to bring awareness of James Samaritan's programs to the kinship care community and to refer kinship caregivers in need of tangible resources. In August of 2024, JS hosted a Back-to-School community event, Cutz and Kicks, where barbers and stylists donated time to cut, style, and braid the hair of these youth before starting their new school year along with a new pair of shoes. JS hosted an annual Angel Tree Drive in December 2024 to provide 100 youth with Christmas gifts. JS developed a mentoring and academic assistance program, Homework Helpers, which provided a one-on-one after-school mentor/tutor to 10 students two days per week for 2 hours per session when primary and secondary schools are in session to assist with academic development. JS partnered with the local Covington DCFS office and two local agencies to establish an Urgent Needs Resource Closet housed at the DCFS Covington Office. The closet aids in supplying urgent 24–48-hour needs for children moving from one home to the next. The closet is in full operation as of Aril 2025 and is operated and managed by JS volunteers and receive stock from Northshore Enduring Hope. JS has also hired a Community Outreach Coordinator to oversee the Kinship Navigator support services JS offers and is in the process of recruiting a mentor kinship parent that will assist in leading the kinship support group meetings.

The Family Resource Centers continued to provide resources and concrete services to kinship families. Kinship Navigator Staff housed within the FRC's have been able to assist kinship families with navigating and coordinating linkages to accessing support services in their community during this FFY. Sone of the types of concrete services provided this year includes utility assistance, clothing/personal/household needs, food, housing payment assistance, individual, family and community support, educational needs, and income support/assistance (KCSP/SNAP/FITAP application assistance). During FFY 2024, the FRC's served 1,853 families and during FFY 2025 (October 1, 2024-March 30, 2025) the FRC's have been able to provide services to 755 families.

Kinship Caregivers and Stakeholders are also able to access information about the Kinship Navigator Program on the DCFS website connecting them with resource information and access to financial assistance programs at https://www.dcfs.la.gov/page/kinship-navigator. Additional assistance or more information on the Kinship Navigator Program is also available by sending an email to DCFS.kinshipcare@la.gov.

The Kinship Navigator Program in Louisiana has responded to the increase in need and capacity to serve kinship caregivers. The goals of the KNP have continued to focus on improving access to kinship information and resources, stabilizing families and achieving permanency for children so that they remain safely in the home, and ensuring the highest level of well-being possible for kinship caregivers and the children/youth in their care.

The needs of kinship caregivers are growing, and with it, the momentum is growing toward building a data system unique to KNP services across the state. During the past year, FRC and KN specialists have reported in working meetings that their program operations have improved with the ability to organize and track current data. Louisiana DCFS also identified that this process of tracking would most viably occur through a decentralized process of data reporting. The tracking will be maintained outside of the Louisiana DCFS administrative data and used by FRCs to serve kinship in the community.

LA-KNP Activities Planned for FFY 2026: The DCFS plans to continue work with a focus on providing ongoing KNP direct program services, increasing the capacity for FRC KN specialist program data, and supporting the DCFS to continue partnering with the kinship community to implement evidence-based strategies to improve parenting across the state. The DCFS will continue work towards:

- Increasing support to kin caregivers statewide by improving access to information, services, and resources across the state.
- Improving services to assist children in achieving safety, permanency, and well-being when placed with a kin caregiver.
- Increasing placement stability with services and supports.
- Increasing kinship caregiver satisfaction and well-being.
- Increasing the number of kinship caregivers equipped to practice quality and trauma informed parenting.

In the coming year, The Louisiana DCFS will continue the KNP direct program services, increasing the capacity for FRC KN specialist program data. Louisiana DCFS will continue to build strong partnerships with the kinship community by including kin caregivers in the program expansion to implement evidence-based strategies to increase the number of kinship caregivers equipped to practice quality and trauma informed parenting. The Louisiana DCFS will continue to increase support to kin caregivers statewide by improving access to information, services, and resources across the state. KNP will continue with established workgroups to enhance kinship data collection and ongoing research to identify and meet kinship families' needs. This effort will require current and future data on the localized kinship outreach efforts and decision-making around KNP implementation specific to each region. Title IV-B funds can help build a centralized display of prompt and informative data on statewide KN specialist outputs and reach in each region. This data will aid in planning of future implementation concerns (e.g., cost-benefit analysis of enhanced services).

In summary, KNP in Louisiana has responded to an increase in need and capacity to serve kinship caregivers. The goals of the KNP remain improving access to kinship information and resources, stabilizing families and achieving permanency of children so that they remain safely in the home, and ensuring the highest level of well-being possible for kinship caregivers and the youth in their care. Future directions include continuing the program direct services, increasing the capacity for

FRC KN specialist program data, and supporting Louisiana DCFS to continue partnership with the kinship community to implement evidence-based strategies to improve parenting across the state.

Substance Abuse Counselors: The Agency contracts with LDH to house substance abuse counselors in DCFS offices where substance abuse assessments can be provided in addition to referral services.

Substance Abuse Counselors 2025-2029 goals:

- Continue substance abuse assessments and treatment recommendations to the DCFS families.
- Ensure services are easily accessible and families are aware of benefit to families by Measuring the number of families served and the number of families that successfully completed treatment.

Substance Abuse Counselors Update FFY 2025: The DCFS continued its partnership with the Louisiana Department of Health (LDH) to provide essential substance use services and support for parents involved in the child welfare system. These services are critical to promoting parental stability, recovery, and the ability to provide safe, nurturing care for their children. Substance Abuse Counselors and Peer Support Coaches will continue to collaborate as an integrated team, working closely with referred parents and caregivers to help them achieve their individual recovery and family stability goals.

During FFY 2025, the Department of Children and Family Services (DCFS) continued its partnership with two contracted LDH agencies**,** Capital Area Human Services District and Central Human Services District to provide substance abuse counselors in the Baton Rouge**,** and Alexandria regions. These counselors conducted comprehensive substance use evaluations and provided treatment recommendations for parents involved in the child welfare system, recovery planning and support, and referrals and linkage to appropriate treatment services.

These services were primarily offered within local DCFS offices, promoting accessibility and timely coordination with the DCFS staff. When parents were found eligible for services and were cooperative with treatment recommendations, they were referred to Recovery Peers/Peer Support Coaches for additional support in navigating recovery and sustaining engagement in services.

The co-location of substance abuse counselors in DCFS offices has significantly improved:

- Turnaround time for assessment reports, which are typically completed and returned to the assigned caseworker within ten days.
- Communication between substance use professionals and child welfare staff, allowing for timely updates on client progress, challenges, and treatment compliance.
- Efficiency in securing necessary documentation, such as medical records, to support case planning

Assessment and treatment reports play a critical role in case decision-making, informing the evaluation of child safety**,** well-being, and permanency planning**.** These services allow case workers to better understand the specific needs of parents and caregivers, enabling more tailored interventions to support family preservation or reunification. One ongoing challenge is a high no-show rate for scheduled assessments. When clients miss multiple appointments, rescheduling delays the assessment process. In such cases, substance abuse counselors notify the assigned DCFS

caseworker, who can follow up with the family to explore any underlying issues or barriers to participation.

Capital Area Human Services Division Number of substance abuse referrals / assessments each month for FFY 2024 October 1, 2023 – September 30, 2024		
Month	**Referrals**	**Assessments**
October 2023	60	22
November 2023	59	18
December 2023	73	21
January 2024	40	9
February 2024	36	11
March 2024	49	12
April 2024	30	7
May 2024	45	15
June 2024	35	15
July 2024	45	12
August 2024	30	8
September 2024	31	10

Capital Area Human Services Division Number of substance abuse referrals / assessments each month for FFY 2025 October 1, 2024 – September 30, 2025		
Month	**Referrals**	**Assessments**
October 2024	60	22
November 2024	59	18
December 2024	73	21
January 2025	40	9
February 2025	36	11
March 2025	49	12
April 2025	50	7
May 2025		
June 2025		
July 2025		
August 2025		
September 2025		

Central Louisiana Human Services Division Number of substance abuse referrals / assessments each month for FFY 2024 October 1, 2023 – September 30, 2024		
Month	**Referrals**	**Assessments**
October 2023	7	4
November 2023	9	4
December 2023	16	6
January 2024	12	7
February 2024	16	7
March 2024	12	7
April 2024	18	10
May 2024	18	13
June 2024	12	5
July 2024	8	4

August 2024	12	7
September 2024	5	2

Central Louisiana Human Services Division Number of substance abuse referrals / assessments each month for FFY 2025 October 1, 2024 – September 30, 2025		
Month	**Referrals**	**Assessments**
October 2024	14	11
November 2024	5	3
December 2024	9	5
January 2025	10	3
February 2025	18	7
March 2025	13	9
April 2025	22	8
May 2025		
June 2025		
July 2025		
August 2025		
September 2025		

Substance Abuse Counselors Planned Activities FFY 2026: The DCFS will continue to partner with the LDH to provide substance abuse services and supports to parents involved in the child welfare system that are important to their success and stability to provide appropriate care to their child(ren). Substance Abuse Counselors and Peer Support Coaches will continue to work with parents as a unified team to assist referred parents and caregivers with attaining their individual goals.

SERVICE DESCRIPTION-

The following is an assessment of gaps in the current provisions of services through the Child Welfare programs of the department:

1. Services are provided to families following an allegation of child neglect and/or abuse when immediate safety concerns appear manageable, yet future risk of harm continues to be a concern. These families have been assessed as needing services provided while the child remains in the home. Services needed in order to prevent future maltreatment, such as mental health treatment, substance abuse treatment, and home-based skill building in some instances are delayed or service provisions are incongruent with reason for Agency involvement. The DCFS has redefined the assessment of safety and risk process in an attempt to assure services needed to prevent future maltreatment are provided to families through the introduction and continuation of CWADM.
2. Children ages 0-5, including substance exposed or affected newborns, and children with developmental or medical disabilities have been identified as a population of greater focus as they are at greater risk for increased safety and risk concerns. The department continues to see a rise in the number of Substance Exposed Newborns (SEN). Policies, practices, and legislation have been developed to address the issues, but ongoing work is needed. The DCFS will continue to monitor the occurrence of SEN reports, and collaborations to address the issue, and make referrals to FFPSA service providers.
3. The DCFS will continue to focus on developing services to children age 5 and under. The department needs to reduce the length of time children under age five are without a permanent

family. This is being assessed through Placement Stability reviews and CQI meetings with each region.

4. The department will continue to collaborate with the Court Improvement Program and Pelican Center in assessing effectiveness of the Family Preservation courts in assuring permanency for children; in effectively sustaining parental custody of children during parent substance use treatment; and, in preventing repeat maltreatment of children.

5. Safety focused practice is key to assessing the safety of children in families and the referral to services when needed. State and regional implementation plans will continue to target specific improvements in staff diligence regarding the sufficiency of information collection, the recognition of danger, the referral for services, and the development of safety plans. State and regional staff will provide additional support and training to reinforce and extend field staff expertise in safety and risk assessment practice through CWADM implementation.

During the 2020-2024 timeframe PIP goals were developed and completed in 2021. However, some gaps in practice continue and the focus of the DCFS during the 2025-2029 timeframe will be to continue work in the areas of Quality Assessment, Engagement of Youth, Caregivers and Other System Partners, Workforce Development Service Array and Quality Legal Representation.

STEPHANIE TUBBS JONES CHILD WELFARE SERVICES PROGRAM, TITLE IV-B, SUBPART 1:

Services Specific to Use of Funds:

Child welfare service components of the DCFS are focused on an effective and accountable child welfare system. Services are provided statewide in 64 parishes through 9 regional offices and 42 parish offices. Major Service components include Centralized Intake (CI), Child Protective Services (CPS), Prevention and Family Services (FS), Foster Care Services (FC) and Adoption Services (AD). In 2005, the state expended $1,300,615 of the grant on foster care maintenance. No funds were used in 2005 for adoption assistance or childcare. The state assures that funding for this service will not exceed the 2005 expenditure levels. The DCFS budget and fiscal staff confirm that none of these funds were used for childcare or adoption assistance payments. During the federal grant period from October 1, 2020 through September 30, 2022, the Louisiana DCFS reported on the SF425 the total recipient amount share was $1,470,459. This document was completed by the fiscal unit on June 10, 2023. During the federal grant period from October 1, 2021 through September 30, 2023, the Louisiana DCFS reported on the SF425 the total recipient amount share was $1,488,348. This document was completed by the fiscal unit on September 10, 2024.

The grant allocation for the Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B, Subpart 1) to Louisiana will continue to be used in Louisiana to prevent the neglect, abuse or exploitation of children and to keep families together in two of the stated purpose areas of the grant; to protect and promote the welfare of all children; and for prevention and support services to at-risk families with services to allow children to remain with their families (whenever safely achieved).

The service and efforts included in the grant are:

A. Services for Children Adopted from Other Countries
B. Services to Children under the age of 5
C. Efforts to Track and Prevent Child Maltreatment

For this CFSP, the department will continue to focus on improving the service array to children and families to ensure safety, permanency and well-being. The DCFS Child Welfare practice principles will guide the service delivery process as well as continuous quality improvement efforts. The department will continue to focus on improving staff and stakeholder involvement, the use of data and strengthening its commitment to quality improvement.

A. Services For Children Adopted From Other Countries:

Activities to support the families of children adopted from other countries: Louisiana provides pre and post adoption services to support inter-country adoptions through the Adoption Petition Program, which assists families to record adoptions in Louisiana, and then obtain a revised birth certificate. Regional Family Resource Centers (FRC) provide supportive post adoptive services to all Louisiana adoptive families and DCFS offers family services on a voluntary basis to adoptive families seeking assistance post-adoption finalization. Adoptive families can self-refer for behavioral health services through the Louisiana Behavioral Health Partnership.

For foreign children entering protective custody experiencing adoption disruption and/or dissolution Louisiana provides ongoing foster care services, to include board rate, independent living skills development, educational support services, medical assistance, psychological support, and clothing replacement services. Data on inter-country adoptions are found below:

Inter-Country Adoption Data	
Federal Fiscal Year	Number of Children With "Out of Country Birth Location"
2024-25	0
2025-26	
2026-27	
2027-28	
2028-29	
TOTAL	

This data is derived from the TIPS download files for the Adoption Petition Program. All cases reported above will be closed in the Adoption Petition Program. Cases counted in the year in which the adoption petition program case was closed.

Goals for FFY 2025-2029 to support children adopted from other countries, including the provision of adoption and post-adoption supports: Quarterly review of adoption dissolution reports will be conducted to identify foreign adoptions, monitor service provision to children who have entered protective custody, and provide adoption recruitment services.

B. Services to children under the Age of Five:

Most states and communities already have initiatives that address the developmental needs of children under the age of five, recognizing it as a critical developmental period. All children from birth to thirty-six months of age shall be immediately referred to the Early Steps Program when they enter foster care. The only exception to Early Steps referral is when a developmental delay or a medical condition which could lead to a developmental delay has been ruled out or the child is already participating in an Early Steps program. Early Steps is based on Part C of the Individual with Disabilities Education Act (IDEA) and services are provided with no cost to the family. The DCFS has an ongoing report to monitor the length of time children are in foster care. The goal is

to prevent children from being in foster care more than 24 months while ensuring they have a permanent family.

Targeted services provided to these children to reunify or find a permanent family: All services typically offered to children in foster care to ensure safety, promote permanency and sustain child well-being are provided to this population of children. Through concurrent planning, efforts are made to place children with families who can provide permanent placements for them should they be unable to return to their parents' custody. This involves placing children with relatives who are willing to adopt or accept custody/guardianship of the child or with foster parents who are dually certified as adoptive parents and who are willing to accept legal risk placements.

How developmental needs of children under age five are addressed: Early Periodic Screening, Diagnostic, and Treatment (EPSDT) services are provided through the child's Medicaid provider. Through collaboration with LDH, Medicaid program, the Healthy LA managed care programs established a medical home for all children receiving Medicaid, which includes children in foster care, so primary care physicians will be able to more efficiently monitor the child's developmental needs. Through collaboration with the LDH, Office of Citizens with Developmental Disabilities (OCDD), Early Steps screening for all children involved in an abuse/neglect investigation is required to identify early signs of developmental delays and acquire appropriate services. Finally, through interdepartmental collaboration with the Child Care Assistance Program, childcare services are offered to children in foster care to address developmental and socialization needs.

The DCFS Staff are required to complete an assessment of the client family (Assessment of Family Functioning) including assessment of each child in the home regardless of their involvement in the abuse and neglect. The assessment includes assessment for safety as well as any needs related to development, physical or mental and emotional health.

Specific policy addresses how to assess and work with Substance Exposed Newborns and their families. Policy provides guidance on conducting a thorough assessment of the infant, caregivers and the environment in order to determine what services, if any, are appropriate for the family.

An Infant Mental Health/behavioral health screening tool was developed for children age five and under to assist workers with identifying behaviors indicating further assessment and treatment might be indicated. All children are required by the DCFS policy to be screened unless they are already receiving early intervention, Early Childhood Support and Services (ECSS) or other behavioral health services. ECSS is a state program managed by the Louisiana Department of Health (LDH), Office of Behavioral Health (OBH) provide a coordinated system of screening, evaluation and referral services and treatment for families of children ages 0 through 5 years who are at risk of developing cognitive, behavioral and relationship difficulties.

Two infant teams in the state in the Orleans and Baton Rouge Regions provide infant mental health services. (For additional information on the Infant teams, please refer to the PSSF section of this plan.) The infant teams provide comprehensive services to children, ages 0-60 months whose families are involved with the DCFS due to maltreatment or who have been prenatally exposed to drugs or alcohol. Comprehensive assessments include intake assessment, psychosocial assessment of caregiver and child, infant mental health assessments, developmental evaluation, neurodevelopmental evaluation and school/daycare observations. The infant mental health

assessment includes a variety of evidence-based assessments used to assess the status of the caregiver-child relationship.

Training is ongoing through Tulane Infant Mental Health statewide to staff and caregivers on planning transitions when infants and young children move to a different placement including reunification, adoption or different foster home placements. Transitions, particularly with infants and very young children, must be carefully planned and take into consideration the attachment and development of the child and transitioning the child in a way which minimizes trauma and supports healthy attachments as the child moves to a different caregiver setting.

Foster parent pre-service training *A Journey Home* is devoted to childhood development with a focus on early childhood development. Two additional sessions in pre-service training are focused on understanding infant and childhood trauma and helping infants and children heal from trauma and how to support healthy attachments.

Services to children under the Age of Five 2025-2029 goals: In order to continuously monitor and improve the developmental needs of children under the age of five, DCFS will do the following:

1. Caseworkers will document the referral to Early Steps for children under the age of 3.
2. The DCFS will meet with LDH quarterly to determine the percentage of children in foster care that were referred for an Early Steps evaluation.
3. The DCFS plans to have 100% of children under the age of 3 referred to Early Steps
4. The DCFS will monitor the length of time children are in foster care under the age of 5.
5. The DCFS will meet with field staff quarterly to ensure all children under the age of 5 have an identified permanent connection to family/kin.

Services to children under the Age of Five Update FFY 2025: The DCFS continued to identify and locate relatives/kin at the time of removal from the home to inform them of the child's involvement with foster care to ensure ongoing connections. The DCFS policy is to provide written notice to all relatives/kin within the first 10 days and no later than 30 days from children entering foster care to ensure ongoing connections to the child's community. Approximately 40% of all youth in foster care are placed with relative/kin caregivers and parents. Approximately 45% of these relative/kin placements are certified foster care providers with the DCFS.

The DCFS continued to ensure staff awareness of targeted services for children within the 0–5-year age group such as Early Steps and Head Start. All children under the age of 5 years old are referred to Early Steps once initial contact is made with the child and family beginning in the Child Protection Services (CPS) program. Foster Care follows through to ensure all recommended services are provided to children that utilize Early Steps.

During SFY 2025, Best for Baby served 10 families consisting of 20 children from the Covington Region. DCFS staff make the determination as to what cases are referred to the Infant Team. The Infant Team works with families through permanency; including through adoption if the case goes that route. The average length of time the Team works with a case is over 12 months, though they are working to try to shorten this as some have taken over 2 years to settle. In each case, the team visits the home as needed. The team meets the parents at parks, the library, relatives' homes, James Samaritan or other churches to make it easier on the parents to participate. The team has also Zoomed into the home if the caregivers prefer that modality. The team participates in formal staff

meetings on cases with DCFS or the BGC and works with day cares or schools to help meet the child's needs. They also have monthly staff meetings with the DCFS staff, the parents' attorneys, BGC, child's attorneys, CASAs and any other providers on the case.

The DCFS continued to provide foster parent pre-service training, "A Journey Home". Recently the DCFS worked closely with Crossroads to develop a new pre-service training course for foster caregivers, which includes Trust-Based Relational Intervention Training (TBRI). These new pre-services training for foster/adoptive caregivers will be implemented in June 2025. Crossroads is working with the DCFS to update all versions of pre-service training and to provide options to hold trainings in-person and via a virtual platform.

Services to children under the Age of Five Planned Activities FFY 2026: For FFY 2026, the DCFS will share data with regional offices on permanent connections for children in foster care age 5 year and under. Reminders will be provided on Act 350 and the importance of identifying relative/kin prior to removal, at the time of removal, and throughout the child's placement in foster care.

C. Efforts To Track and Prevent Child Maltreatment Deaths:

- The DCFS will compile, complete and accurate information on child maltreatment deaths to be reported to NCANDS, including gathering relevant information on deaths from the relevant organizations in the state.
- The DCFS will develop and implement a comprehensive, statewide plan to prevent child maltreatment fatalities involving and engaging relevant public and private agency partners, including those in public health, law enforcement, and the courts.

Louisiana utilizes multiple sources of information in investigating child fatalities that informs NCANDS reporting. For all allegations of Death and/or Life-Threatening Injuries, Louisiana requires the additional allegation that caused the death or injury, which improves accuracy in reporting. The following are existing processes in place to track child maltreatment deaths:

- Law Enforcement agreements are in place with each Law Enforcement jurisdiction throughout the State. The purpose of these agreements is to specify for both the local office and the law enforcement agency, agreements of their working relationship and sharing of information.
- All child fatalities require a Multi-Disciplinary Team (MDT) staffing. The purpose of a MDT staffing is to consult with various professionals to assist in the gathering of information and decision-making. Child Death Review Panel members, Law Enforcement, Coroners, the DCFS medical director and other service providers are encouraged to participate in MDTs on cases where they are involved.
- A strong partnership with the Louisiana Child Death Review Panel has been established with the agency that allows the sharing of case information from multiple sources to inform case decisions and assessments. Louisiana's Child Death Review Panel includes, among others, Louisiana State Police, representatives from the Office of Vital Statistics, the Louisiana Coroner's Association, the Attorney General's Office, State Fire Marshall, Louisiana District Attorney's Association, Louisiana Sheriff's Association, Louisiana Association of Chiefs of Police and a pediatrician. Local level panels include representatives of several agencies. Highlights of how this partnership informs fatality data include:

    - Quarterly Child Death Review Panel meetings held in each of the nine regions across the state to review all unexpected child deaths for children under age 15;
    - Quarterly state level Child Death Review Panel meetings are held to review systemic issues and develop strategies to reduce fatalities;
    - Assignment of a DCFS regional liaison and Office of Public Health Child Death Review Panel coordinator who work together to ensure the sharing of case information to inform decisions;
    - Passage of state legislation in 2016 that authorized the Child Death Review Panel to have access to any DCFS information pertinent to alleged child abuse or neglect; and authorized the DCFS to have access to any and all information/documents in the possession of the Child Death Review Panel;
- Fatality data is tracked and monitored at the DCFS State Office Executive Management level. Monthly fatality meetings are held with the DCFS Secretary, Deputy Secretary, Child Welfare Assistant Secretary, the DCFS medical director, the Bureau of General Counsel, Child Protective Services' program staff, and regional management. During these meetings, each child maltreatment fatality is reviewed, and assistance is offered to the field with any barriers they may have in assessing the case, such as obtaining an autopsy report; and
- The DCFS Child Welfare Division contains a Data Analytics Unit. This unit tracks all fatality data and compiles an on-going report containing all legislatively required data.

Efforts to Track and Prevent Child Maltreatment Deaths Update FFY 2025: The DCFS continued to compile, complete, and accurately report information on child maltreatment deaths to NCANDS during FFY 2025. The DCFS also continued to gather relevant information on children's deaths from relevant organizations within the state. The DCFS continued to participate in a comprehensive, statewide collaboration to prevent child maltreatment fatalities, involving and engaging relevant public and private agency partners, including those in public health, law enforcement, and the courts. The DCFS continued to collaborate and support partner services to prevent child maltreatment deaths through the following:

- The DCFS continued to hold Manager High Risk Staffings, when needed according to policy, to ensure a higher-level involvement in cases with the greatest risk of poor safety outcomes including cases with the likelihood of becoming a fatality/ near fatality.
- The DCFS continued to collaborate with the National Safe Haven Alliance and continued to increase statewide public awareness for both Safe Haven and Safe Sleep. The DCFS Safe Haven Annual Report 2025 contains additional information. The DCFS website was updated to reflect amendments to the Children's Code required by Acts 398 and 145 of the 2024 legislative session. Safe Haven informational brochures were translated into Spanish and Vietnamese and are available for download on the DCFS website.
- The DCFS continued to collaborate with the Louisiana Children's Trust Fund (LCTF) to obtain annual grants to aid in the prevention efforts to protect children, strengthen family well-being, and educate the public about children's safety.
- The DCFS continued to collaborate with Louisiana Department of Health-OPH-Bureau of Family Health (BFH) to participate on the Child Death Review Panel to review child deaths to understand and prevent fatalities in Louisiana.
- The DCFS continued its partnership with Louisiana Department of Health through collaboration with regional and State Child Death Review (CDR) efforts. CDRs are conducted for unexpected deaths of children under 15 years of age. State and local panels

met to review child deaths, identify risk factors, and provided recommendations for preventive action. This has been accomplished through a comprehensive review of the circumstances that contributed to each death by a team of multidisciplinary professionals in law enforcement, healthcare, and other state agencies, including DCFS.

- The Nurse-Family Partnership (NFP) program through the Louisiana Department of Health continued to provide nurse home visitation services to low income, first-time mothers. Nurses completed home visits early in the mother's pregnancy and continued visitation until the child's second birthday. Nurses provided support, education and counseling on health, behavioral and self-sufficiency issues. NFP played a key role in providing much needed preventative care for children and families.
- The Louisiana Parent Line is an anonymous, toll free, statewide telephone service that has been available 24 hours a day and offered crisis intervention, parenting support, and referrals to community resources.
- The DCFS held an annual fatality WebEx on December 5, 2024 to discuss trends, ways to decrease maltreatment, lessons learned and provided guidance on these cases.

Efforts to Track and Prevent Child Maltreatment Deaths Planned Activities FFY 2026: The DCFS will continue to compile, complete, and accurately report information on child maltreatment deaths to NCANDS. The DCFS will continue to gather relevant information on child deaths from organizations within the state and will continue to contribute in the comprehensive, statewide plan to prevent child maltreatment fatalities by involving and engaging relevant public and private agency partners, including those in public health, law enforcement, and the courts. The DCFS will continue to collaborate and support partner services to prevent child maltreatment deaths. In doing so, the DCFS will continue to hold Manager High Risk Staffings and continue to collaborate with the National Safe Haven Alliance, Louisiana Department of Health-OPH-Bureau of Family Health (BFH), Louisiana Children's Trust Fund, and the Ombudsman. The DCFS will continue to participate on the Child Death Review Panel-Louisiana Department of Health in receipt of a Core Violence and Injury Prevention Grant, and promote the Louisiana Parent Line for crisis intervention, parenting support, and referrals to community resources. The DCFS will hold the annual fatality WebEx in November or December of 2025.

PROMOTING SAFE AND STABLE FAMILIES TITLE IV-B, SUBPART II:

The DCFS utilizes funds for family preservation, community-based family support, time-limited family reunification and adoption promotion and support services.

The department assures no more than 10% of funds is used for administrative costs and significant portions of expenditures are made in the four areas below:

- Family Prevention and Support Services (FPSS) – 23% of funds
- Family Preservation (FP) – 23% of funds
- Time Limited Reunification Services (TLR) – 23% of funds
- Adoption Promotion and Support Services (APSS) – 22% of funds

(Note**:** This comes to a total of 101%, but the totals are based on rounding up of numbers, which causes the slight discrepancy.)

State and local share spending for Title IV-B, Subpart 2 for FFY 2018 (for comparison with the 1992 base year amount of $2,772,015) indicates $8,094,421 was spent, $6,070,816 of which was federal funds and $2,023,605 was state general funds and in-kind funds. State and local share

spending for Title IV-B, Subpart 2 for FFY 2019 (for comparison with the 1992 base year amount) indicates $8,392,492 was spent, $6,294,369 of which was federal funds and $2,098,123 was state general funds and in-kind funds. State and local share spending for Title IV-B, Subpart 2 for FFY 2020 indicates $8,971,077.33 was spent, $6,603,733 of which was federal funds and $2,367,344 was state general funds and in-kind funds. State and local share spending for Title IV-B, Subpart 2 for FFY 2021 (for comparison with the 1992 base year amount) indicates $9,303,695 was spent, $6,977,771 of which was federal funds and $2,325,924 was state general funds and in-kind funds. State and local share spending for Title IV-B, Subpart 2 for FFY 2022 (for comparison with the 1992 base year amount) indicates $9,199,127 was spent, $6,899,345 of which was federal funds and $2,299,782 was state general funds and in-kind funds. State and local share spending for Title IV-B, Subpart 2 for FFY 2023 (for comparison with the 1992 base year amount) was finalized. State and local share spending for Title IV-B, Subpart 2 for FFY 2023 (for comparison with the 1992 base year amount) indicates $5,807,699 was spent, $4,355,774 of which was federal funds and $1,451,925 was state general funds and in-kind funds. State and local share spending for Title IV-B, Subpart 2 for FFY 2024 (for comparison with the 1992 base year amount) will be finalized by December 30, 2025.

Services provided in Louisiana with Promoting Safe and Stable Families (PSSF) funds include: A) Family Resource Centers and B) Infant Teams

A) Service/Program Description – <u>Family Resources Center (FRC)</u> services provided by the centers address FPSS, FP, TLR, and APSS. Centers provide therapeutic intervention services to families to improve safety, reduce risk and to support permanency for children in their homes or out of home if necessary. There are nine Child Welfare FRCs contracted to provide services. The current FRCs are listed below:

1.) Discovery FRC-Southeastern University, Baton Rouge Region
2.) Renew Family Resource Project-Southeastern University, Covington Region
3.) Start Corporation, Thibodaux Region
4.) The Extra Mile, Lafayette Region
5.) Educational and Treatment Council, Inc., Lake Charles Region
6.) Volunteers of America-North Louisiana, Alexandria Region
7.) Community Support Program-Portals, Shreveport Region
8.) Tulane Parenting Education Program, Orleans Region
9.) Children's Coalition of Northeast Louisiana, Monroe Region

Each FRC provides services to parishes in their geographic area allowing service provision throughout the state. The FRCs receive referrals from the DCFS for families involved with the Department due to neglect and abuse of a child. FRCs provide the following CORE services: Evidence Based Parent Education, Family Skills Building, Parent Partner mentoring, Kinship Navigator, Concrete/Critical Emergent Supportive Services and My Community Cares (MCC) initiative. These services are provided through a three (3)-year contract.

- **<u>Parent Education</u>:** Each FRC is expected to have trained staff to provide an evidence-based or informed parenting program that offers in-home services or has primary components that are available in-home and are readily available and easily accessible to participants who want to participate voluntarily or who are mandated to do so. The parenting program should be specific to the individual family needs and offered according to those needs, as an option when no other parenting resources are available in the community. This must also include a plan for

FRC staff to be knowledgeable of other parenting services in the region and to be prepared to first refer families and staff to other parenting services that are evidenced based or Medicaid funded when appropriate for the family.

- **Family Skills Building:** The Family Skills Building (FSB) service provided through the Family Resource Centers provides customized support, mentoring, and guidance in the areas of identified needs, which are not readily addressed by other services. FSB targets areas of family skills identified as areas of concern or problems in a family's functioning. FSB is designed to meet those specifically identified needs. The service is directly related to the safety, risk, and well-being of the child and the parent/caregiver's ability to provide for these needs and to maintain children in the home. Family Skills Building services are those services focused on targeted skill building and may be facilitated in the client's home or other designated locations.

- **Kinship Navigator (KN):** Provides support for relative and fictive kin providing care for children. KN provides direct services to kinship families in crisis to address issues affecting the safety, placement, and/or wellbeing of the child and relative caregiver family. This includes concrete/critical emergent support services. Although this is a core component of the FRC's, these KN services have been funded by TANF.

- **Concrete/Critical Emergent Support Services:** FRC's provide services to families experiencing a critical, emergent, short-term need jeopardizing the family's ability to safety maintain the children in the home. These critical needs most often include utility assistance, rental assistance or deposits, transportation assistance for caregiver or children's appointments, household essentials, etc.
- **My Community Cares (MCC):** MCC is a community driven, neighborhood-based approach to strengthening families and preventing child abuse and neglect in the State of Louisiana. MCC envisions communities where all children and families are healthy and safe and have equitable access to services and supports. The mission of MCC is to strengthen families and support communities. The core components of MCC are team-based, power sharing structure, comprehensive continuum of services and coordination across sectors and organizations.

Decision-making process for Family Support Services – The Family Resource Centers (FRC) were selected as providers through the Request for Proposals (RFP) process. The DCFS placed ads requesting interested parties submit proposals. After the closing date, the proposals were reviewed and the agencies/organizations demonstrating the most qualifications, which aligned with the DCFS standards, were selected as providers. These programs were expected to be community based and located within the community they were requesting to serve. Family Resource Centers are located in one central location within the region; however, many have satellite locations allowing them to have a more visible presence and afford greater convenience to the clients.

Population Served – The Family Resource Centers (FRC) provide services to families in their community with children ages 0-17. Referrals are received from anyone in the community, with a priority for DCFS involved families. Families can also self-refer, if there is a need.

Gaps in Services – The department's plan is to address existing gaps in services through networking and building partnerships in communities where children and families live, work, and

play. This approach embraces the inclusion of informal and formal supports, with children and families at the core of the building processes.

Program staff along with the FRC Network met the goal of developing service guidelines for each of the core services provided by the resource centers. Program staff and regional liaisons will monitor the services being provided and provide guidance, as needed, to enhance compliance with the service guidelines.

Tulane Parenting Education Program has continued to provide consultation resources to FRC's across the state as needed. Consultation services included on-going training and supportive guidance for challenging cases.

FRC 2025-2029 goals: The DCFS Program staff will support the efforts of the FRC's staff statewide to expand the service array to include the following:

- Additional evidence-based parent education programs and support services;
- Efforts toward prevention of domestic violence;
- Services for families of substance exposed newborns;
- Support services for families involved in substance use and/or behavioral health treatment;
- Improved data collection and continued focus on quality and outcome measures;
- Workgroups including staff from the DCFS and FRCs will continue actions to enhance awareness, practice and service delivery.
- Skill development workshops will continue, as well as FRC consultation with clinical staff of the Tulane Parent Education Program (T-PEP).
- The department will continue efforts with the FRCs to increase the number of referrals by 10% to ultimately improve staff referrals by 35% over the next three years and expand services being provided by the Family Resource Centers.
- Trust-Based Relational Intervention (TBRI) and Quality Parenting Initiative (QPI) services will be provided at the FRCs.
- The DCFS contract monitors will continue to develop and strengthen the data collection and evaluation protocol for services provided by the Child Welfare FRC's.

FRC Update FFY 2025: There are nine Child Welfare FRCs contracted to provide services. The current FRCs are listed below:

1.) Discovery FRC-Southeastern University, Baton Rouge Region
2.) Renew Family Resource Project-Southeastern University, Covington Region
3.) Start Corporation, Thibodaux Region
4.) The Extra Mile, Lafayette Region
5.) Educational and Treatment Council, Inc., Lake Charles Region
6.) Volunteers of America-North Louisiana, Alexandria Region
7.) Volunteers for Youth Justice, Shreveport Region
8.) Tulane Parenting Education Program, Orleans Region
9.) Children's Coalition of Northeast Louisiana, Monroe Region

Each FRC continues to provide services to parishes in their geographic area allowing service provision throughout the state. The FRCs receive referrals from the DCFS for families involved with the department due to neglect and abuse of a child. FRCs provide the following CORE services: Evidence Based Parent Education, Family Skills Building, Parent Partner mentoring,

Kinship Navigator, Concrete/Critical Emergent Supportive Services and My Community Cares (MCC) initiative. These services are currently provided through a three (3)-year contract ending on September 30, 2025. The chart below shows the breakdown of services at the FRC's during FFY 2025 (October 1, 2024-March 30, 2025):

Program	YTD # of Referrals
Family Services (FS)	322
Services to Parents (SP)	450
Child Protection Services (CPS)	38
Families in Need of Services (FINS)	58
Other State Agency	13
Medical	5
School	56
Law Enforcement	4
Community Agency	391
Court System	40
Self-Referral	327
Other-Please describe (HD) (teen mom)	2
Other-Please describe (College)	36
Other-Please describe (Kinship)	65
Other-Please describe (Hardship)	91
Total	**1,898**

Total number of Clients Served to date Unduplicated	
# of Families:	1,934
Mother:	1,286
Father:	577
Caregiver-Relative:	292
Caregiver-Non Related:	63
Children-In Home (Biological family)	1,506
Children-In Home-relative setting	491
Children—Out of Home Placement	877

Parenting Education	YTD Total: Total number of Clients Served to date Unduplicated
# of Families:	596
Mother:	482
Father:	214
Caregiver-Relative:	13
Caregiver-Non Related:	4
Children-In Home (Biological family)	325
Children-In Home-relative setting	176
Children—Out of Home Placement	353
# of families receiving telehealth services:	52

Family Skills Building	YTD Total: Total number of Clients Served to date **Unduplicated**
# of Families:	717
Mother:	566
Father:	273
Caregiver-Relative:	70
Caregiver-Non Related:	7
Children-In Home (Biological family)	752
Children-In Home-relative setting	77
Children—Out of Home Placement	260

Parent Partner	YTD Total Total number of Clients Served to date **Unduplicated**
# of Families:	85
Mother:	80
Father:	128
Children:	106
# of Sessions	353

FRC Concrete Services	YTD Total Total number of Clients Served to date **Unduplicated**
# of families served	202
Concrete funding spent	$88,458.49

Kinship Navigation	YTD Total Total number of Clients Served to date **Unduplicated**
# of families served	1461

FRC Planned Activities FFY 2026:

- Current FRC programming will continue through the end of the current contract period of September 30, 2025.
- The DCFS will work towards the expansion of statewide MCC services through the Request for Proposal (RFP) procurement process. This RFP will include a redesign of services provided through the FRC's with a focus of moving people from crisis to stability, sparking community organizing and engagement and assisting communities to build additional resources to services the community.

B.) Service/Program Description - Infant Team services address FPSS, FP, and TLR services. Two infant teams in the state provide infant mental health services. Comprehensive assessments include intake assessment, psychosocial assessment of caregiver and child, infant mental health assessments, developmental evaluation, neurodevelopmental evaluation and school/daycare observations. The infant mental health assessment includes a variety of evidence-based assessments used to assess the status of the caregiver-child relationship. These assessments include

several different interaction assessments, parent perception interviews, parental insightfulness interviews, and projective play methodologies for the children. Every child-caregiver dyad completes an interaction assessment and parent perception interview. Completed assessments are used to guide the provision of treatment services by the infant team as well as referrals for developmental services. The infant teams provide therapy for the caregiver, often with the child, in order to improve the overall health of their relationship by increasing the caregiver's ability to appropriately respond to the child's needs. Sometimes the services provided include school/daycare intervention, group therapy, case conferences, and participation with the DCFS case planning conferences, court reports and court testimony.

Decision-making process for Infant Team Services – The infant teams provide comprehensive services to children, ages 0-60 months whose families are involved with DCFS due to maltreatment or who have been prenatally exposed to drugs or alcohol. With ever increasing numbers of SEN, this service is seen as core to encouraging bonding with very young children and their parents to prevent child maltreatment, support families, preserve the family unit, and when unable to safely preserve the family unit strive for timely reunification of these very young children with their parents.

Population served - The Permanency Infant and Preschool Program (PIPP), colloquially referred to as the "LSU Infant Team" began in Orleans parish in 1998 to provide evaluation and treatment to families involved in the foster care system with children under the age of five years. The team provides a multidisciplinary mental health evaluation, treatment, and consultation to infants and children ages 0 through 5 years who are victims of child maltreatment and their caregivers. Most of these young children have already been removed from their biological parents and placed in foster care prior to the start of working with the Infant Team, though the DCFS has also referred Family Services cases and the cases chosen for the Infant Team are at DCFS' discretion. There are two infant teams in the state. The Tulane Infant Team receives referrals for children 0-5 who enter foster care in Jefferson Parish and serve children from St. Bernard, Orleans and Plaquemines parishes. Services have also expanded to the Covington region.

Gaps in Services - Specialized services for children have expanded throughout the state through the utilization of programs such as Child First and Intercept. Other young victims of abuse and neglect coming into foster care have access to infant health services through the Early Childhood Supports and Services program. Services to infants and children also continue to be available through the Child Welfare Family Resource Centers, Early Steps Program, and Maternal Infant and Early Childhood Home Visiting Program (MIECHV) through the Louisiana Department of Health. Interagency efforts continue to improve referral processes and data sharing within departments and child serving agencies.

Infant Team 2025-2029 goals: Infant Team services will continue to be provided through the teams currently providing services in the Orleans and Covington Regions with some penetration into the Thibodaux Region. There will be further assessment around the development of a model integrating the Infant Teams and the Family Resource Centers. The goal is to increase communications between both providers who are providing services to the department's families as well as increase the number of children being served. An LSUHSC clinician will utilize data from the Infant Team program participation to cross-reference with the DCFS TIPS data to investigate, among other things, the level of effectiveness of the intervention, the factors related to positive outcomes for both the children and their caregivers, and if the children they have worked

with re-entered foster care. As it relates to Medicaid funded services for LSUHSC Infant Team cases, if families want to continue receiving services once their DCFS case is closed, they can go to LSUHSC's outpatient clinic, which accepts Medicaid. Families are seen as regular outpatients and sign the consent forms as the guardian of the children.

In an effort to increase communication and penetration into the number of children and families served, the LSUHSC Infant Team plans to share evaluation results with other collaborating agencies and courts around the country to learn more about the most effective aspects of the program as well as areas that need improvement. After reviewing the clients' and agency staff perspectives, public agency partners will be contacted in order to disseminate clinic-based replications of this early mental health intervention model with other centers with similar needs.

Infant Team Update FFY 2025: The Contract for the LSU Infant Mental Health Team is currently being renewed. Data from the infant team will be provided once the contract has been finalized.

Infant Team Planned Activities FFY 2026: The agency plans to continue services through the LSU Infant Mental Health contract during FFY 2026.

MONTHLY CASEWORKER VISITS:
The DCFS will ensure case workers have consistently visited at least 95% of the children in the custody of the state monthly with 50% of the visits held in the child's home. Departmental policy requires caseworker visits occur every month in the residence of the child and allows a supervisor to temporarily assign another worker when the official assigned caseworker is out of the office for an extended period. If this type of reassignment occurs, it is documented in the case documentation.

Use of Monthly Caseworker Visit Funds:

- Travel and associated costs to support caseworker visits.
- Support core competencies by teaching caseworkers the skills required to conduct quality visits, which focus on engagement and emphasize the need to see each child monthly.
- Stress the importance of worker visits in New Worker Orientation, at Regional Administrator meetings, in foster care program supervisory mentoring, in on-going training on risk and safety assessments, as well as integrating the importance of family engagement, appropriate assessment of family functioning, and targeted case planning in these efforts.
- Ongoing implementation of the training program for new child welfare workers. The new workers remain in trainee status for a six-month period after employment and are trained using a competency-based training model, which includes traditional classroom training, on-the-job training, computer-based training, and blended learning.
- Provide field staff with encrypted laptops with air cards to support a mobile workforce.
- Continue implementation of a teleworker plan to increase staff mobility, improve casework and retain staff.
- Develop strategies for staff to manage the workload effectively in a climate of staff reductions as well, demonstrating the impact of staff reductions on service delivery resulting from fiscal shortfalls. In addition, the Department will continue examination of trends in performance indicators in the context of human resources data (staff on board, FMLA hours, separations and overtime hours worked) and workload data (number of cases per program, average caseload size, etc.).

- Support technology modernization efforts in developing a CCWIS system.

The DCFS will continue to utilize the FATS system to provide the required data regarding monthly caseworker visits until the CCWIS system is completed. Data is extracted from the Tracking, Information and Payment System (TIPS) for state identification numbers (TIPS ID) and foster care entry and exit dates of all children served in foster care from October 1 through September 30 each FFY. The entry and exit dates are concatenated where each child had one record in the core data file and children with multiple episodes had all full months in care stored as a single episode. These IDs are matched against case notes in FATS to extract all face-to-face visits with each child made by an assigned case worker or supervisor. If multiple visits occur in the same month, only one visit is counted. If any of the qualifying visits are made in the child's residence, the month is included in the numerator for visits occurring in the child's place of residence.

This section provides information on the federal mandate to assess and improve frequency and location of caseworker visits with children in foster care.

The table below tracks the annual progress of 95% of children in foster care being visited by their caseworker each month with 50% of the visits taking place in the child's residence.

Caseworker Visit Compliance				
FFY	% of children visited monthly by caseworker		% of children visited monthly whose visits were in child's residence monthly	
	Baseline/Goal	Actual	Baseline/Goal	Actual
2023	95%	95.87%	50%	97.15%
2024	95%	95.30%	50%	97.28%
2025	95%		50%	
2026	95%		50%	
2027	95%		50%	
2028	95%		50%	
2029	95%		50%	

Monthly Caseworker Visit 2025-2029 goals: In order to continuously monitor and improve compliance with monthly caseworker visits, the DCFS will do the following:

1. DCFS Data unit developed a dashboard report to reflect daily for caseworkers statewide the status of all case worker visits for ease in ongoing monitoring of compliance.
2. CW Data unit provides a percentage of visits held with children monthly to the Foster Care Program unit and Regional Performance Measures Consultants.
3. All regions require caseworker visits with children to be completed by the end of the month. The Foster Care Manager has to monitor unachieved visits and ensure the worker completes the visit.
4. OJJ provides data annually for their foster care population and merges this data with the DCFS data to provide the complete case worker visit report for all children in foster care in Louisiana.

Monthly Caseworker Visit Update FFY 2025: The DCFS continued to meet the expectations of the Monthly Caseworker Visitation requirements as described by the Administration for Children and Families and in accordance with the DCFS policy. The data reporting population for the FFY 2024 consists of all children under age 18 who have been in foster care in Louisiana for at least

one full calendar month during the period of October 1, 2023 through September 30, 2024, including:

- Children in the care and custody of the State of Louisiana but in an out-of-state placement
- Children remaining in the care and custody of the State of Louisiana and on a trial home placement
- Children remaining in the care and custody of the State of Louisiana who have run away from a foster care placement.

The table below tracks the annual progress of 95% of children in foster care being visited by their caseworker each month with 50% of the visits taking place in the child's residence.

Caseworker Visit Compliance				
FFY	% of children visited monthly by caseworker		% of children visited monthly whose visits were in child's residence monthly	
	Baseline/Goal	Actual	Baseline/Goal	Actual
2023	95%	95.87%	50%	97.15%
2024	95%	95.30%	50%	97.28%
2025	95%		50%	

The following criteria was used to compute the percentages and verify selection of the reporting population:

- Aggregate number of children in the data reporting population
- Total number of monthly case worker visits made to children in the reporting population (if multiple visits were made during the calendar month, Louisiana only counted the visits as one visit)
- Total number of complete calendar months children in the reporting population spent in care and
- Total number of monthly visits made to children in the reporting population that occurred in the child's residence. If multiple visits were made during the month, and at least one of those visits occurred in the child's residence, Louisiana counted and reported that one monthly visit occurred in the residence of the child.

The data was extracted from the Tracking, Information and Payment System (TIPS) and the Family Assessment and Tracking System (FATS). State ID numbers and foster care entry and exit dates of all children served in foster care from October 1, 2023 through September 30, 2024 were extracted from TIPS. TIPS is the data system, which serves as the primary source of data for federal reporting for foster care in Louisiana. The entries and exits were concatenated such that each child had one record in the core data file and children with multiple episodes had all full months in care stored as a single episode. These IDs were matched against the case record notes in FATS to extract all face-to-face visits with each child made by an assigned caseworker. If any qualifying visit was made in the child's residence, that month was included in the numerator for visits in the residence. The chart above depicts the data extracted from Louisiana's TIPS and FATS Systems.

Monthly Caseworker Visit Planned Activities FFY 2026: The DCFS will continue to uphold the Monthly Caseworker Visitation requirement as outlined by the Administration for Children

and Families and in accordance with established DCFS policy. The agency plans to consistently meet these expectations to ensure the highest standards of care and oversight.

Data is provided annually by OJJ for their foster care population and merged with the DCFS data to provide the complete caseworker visit report for all children in foster care in Louisiana.

Office of Juvenile Justice (OJJ) Sampling Methodology: OJJ utilizes the following methodology for evaluating compliance with the caseworker visit requirements.

Data Reporting Population:

- The OJJ population, for purposes of federal visitation is youth who were submitted to DCFS on the OJJ AFCARS file or children in OJJ custody who are covered by a Title IV-E agreement between the state Title IV-E agencies are included in the population.
- Children in custody for at least one full calendar month during the FFY are included in the population.
- A child with more than one custody episode during the 12-month period is considered one child.
- Children placed in an out-of-state placement are included in the data reporting population of the state with placement and care responsibility for the children.
- If a state considers children who have returned home for a trial home visit to be in OJJ custody, then the children are included in the population.
- Children who have run away from a placement are included in the population for as long as the child remains in the state's placement and care.

Data Utilized for Computation and Verification:

- The SAS data warehouse and DB2 SQL was used to develop reports to extract data from JETS related to caseworker visits with children identified as IV-E. JETS is a distributed Lotus Notes application supporting data from Lotus Notes and DB2.
- Case level data was extracted from JETS for all children indicated as IV-E. The extraction criteria identified which months were full months in care, and which months were not full months in care. The extraction criteria identified the months containing a recorded face-to-face visit and the months not reflecting a face-to-face visit.
- The data file generated by the OJJ SAS data warehouse was merged with the data file from the DCFS. The merged file was then analyzed by the DCFS to complete computations on the number and percentage of expected and accomplished face-to-face visits and the number and percentage of those visits occurring in the child's residence.
- Testing and verification included case matches between the SAS data warehouse, the JETS Lotus Notes Narrative databases, and DB2. Case record reviews were conducted to verify the accuracy of the extraction logic.
- Data submitted to the Department included statewide totals for OJJ as well as data broken down by each region. The final data was submitted in Excel spreadsheet format.
- The DCFS provided the calculation of percentages and statistical data to the US Department of Health and Human Services, Administration for Children & Families from the combined DCFS and OJJ data sets.

The percentage of visits made on a monthly basis by case workers to youth was determined by taking the number of visits made during all full months' children in the reporting population were

in care and dividing it by the number of full months in care for all children in the reporting population. This quotient was multiplied by 100 and expressed as a percentage rounded to the nearest whole number.

The percentage of visits occurring in the residence of the child was determined by taking the number of monthly visits made to children in the reporting population during full months in care occurring in the residence of the child and dividing it by the total number of monthly visits made to children in the reporting population during full months in care. This quotient was multiplied by 100 and expressed as a percentage, rounded to the nearest whole number.

DCFS Sampling Methodology: The DCFS has uses the following methodology for evaluating compliance with the caseworker visit requirements.

Data Reporting Population:

- All children under age 18 in foster care for at least one full calendar month during the FFY were included in the population.
- A child with more than one foster care episode during the 12-month period is considered one child.
- Children placed in an out-of-state foster care placement were included in the data reporting population of the state with placement and care responsibility for the children.
- If a state considers children who have returned home for a trial home visit to be in foster care, then the children were included in the population.
- Children who had run away from a foster care placement were included in the population for as long as the child remained in the state's placement and care.
- Children in foster care covered by a Title IV-E agreement between the state Title IV-E agency and an Indian Tribe

FFY	# of Children served in FC at least 1 full month unduplicated	# of full months in care	# of full months in care with face-to-face visit by assigned worker	# of qualifying visit months with a visit in the child's residence	% of full months in care with face-to-face visits	% of qualifying visits occurring in the child's residence
2024	6,295	47,147	44,940	43,712	95.32%	97.27%
2025						
2026						
2027						
2028						
2029						

Data to be extracted from Web Focus Developer Studio

ADDITIONAL SERVICES:

Child Welfare Waiver Demonstration Activities:

- Louisiana is not participating in any demonstration waivers at this time.

Adoption and Legal Guardianship Incentive Payments:

- **Services the state expects to provide to children and families using Adoption & Legal Guardianship Incentive funds:** The DCFS anticipates utilizing the adoption incentive funds on child specific recruitment for those children available for adoption and in need of an adoptive placement. The services will include, but not be limited to the following: media,

contract assistance for timely completion of home studies for families interested in adoption, a child specific recruiter, and statewide match exchanges.

Should there be additional funds because of the changes to how adoption incentive funds are disbursed by the ACF, the department will assess the feasibility of increasing the number of days for post adoption respite beyond the current 25-day limit allowed in the adoption subsidy policy. The department will assess the feasibility of covering therapeutic services for those families ineligible to receive services through Louisiana Behavioral Health Partnership.

Additionally, the Guardianship Subsidy program will be assessed for areas which would benefit from additional supports to guardians in stabilizing guardianship settings and sustaining those care settings for the children.

- **The state's plan to ensure timely expenditure of the funds within the 36-month expenditure period:** To ensure timely expenditure of the funds the DCFS will develop a plan for usage by outlining child specific recruitment activities; assess contracted services for timely expenditure usage; identify costs of additional services; and, coordinate with the department's budget section to ensure funds are appropriately utilized and expended within the allocated timeframe.

Federal Fiscal Year	Foster Child Adoption	Total Adoption Subsidies	Older Child (age 9 and older)	Amount Expended
FFY 2024	609	607	110	$1,588,559.71
FFY 2025				
FFY 2026				
FFY 2027				
FFY 2028				
FFY 2029				

ADOPTION SAVINGS:

Methodology for calculating and reporting annual adoption savings:

- Louisiana uses the Children's Bureau Method with Actual Amounts. Identification of actual amounts will not differ in any manner from the procedures used in the prior FFY.

How adoption savings are spent:

- These funds are used for subsidized maintenance costs for otherwise Title IV-E ineligible children in provision of Adoption and Guardianship subsidies.

Services state expects to provide children and families with adoption savings, 2025 – 2029:

- The department intends to continue using the funds as they have been used in the past.
- Additionally, the department is considering the following options for funding utilization:
- Support groups for adoptive parents
- Start with experienced foster parents as mentors to do preventive support with potential foster/adoptive parents and relative caretakers from the very first placement and as needed along the way to help them be aware of and cope with the issues that arise immediately.
- Look at paying experienced foster parents an hourly salary to be their mentor, i.e. understanding the importance of adoption over guardianship placement, overcoming struggles/barriers to finalize an adoption, working through adoptive and guardianship crisis

situations to prevent disruption, etc. It was suggested to look at bringing one experienced foster parent to mentor in each region and to include covering relative and fictive kin caretakers as well.

- Funding for crisis situations to prevent disruption.

Estimated timetable for spending unused savings calculated for previous years:
There are no unused funds at this time, nor are there typically unused funds.

Challenges in accessing and spending funds:
There are no identified challenges in accessing and spending the funds.

If needed, complete and attach Attachment E:
Louisiana has not changed the adoption savings methodology since 2015, and thus Attachment E is not needed.

JOHN H. CHAFEE FOSTER CARE PROGRAM FOR SUCCESSFUL TRANSITION TO ADULTHOOD (THE CHAFEE FOSTER CARE INDEPENDENCE PROGRAM - CFCIP):

Agency Administering Chafee: The Department of Children and Family Services (DCFS) is the state department administering the Chafee Foster Care Independence Program (CFCIP) and Educational and Training Vouchers (ETV) Program. The DCFS Transitioning Youth consultants meet onsite with Chafee providers at least quarterly. The consultants complete a contract monitoring form to assure compliance with contractual obligations and federal regulations regarding Chafee and ETV funds during each quarterly visit. Transitioning Youth Staff attend Chafee independent living skills youth engagement events offered by the providers to monitor youth participation and content, as well as reviewing youth CFCIP service records to ensure individual assessments and service planning.

Description of Program Design and Delivery: The DCFS has strengthened services provided through the Chafee program by providing transitional services and Independent Living Skills (ILS) to prepare youth for transition into adulthood. Life Skills education and training is provided to 16- and 17-year-old youth by ILS providers using the online Life Skills Reimagined program (LYFT). Youth Engagement Programs were rolled out in each Region in addition to social skill building for ages 14-21. Case management services for those not enrolled in EFC are currently offered to youth ages 18-21. In July 2020 services were expanded to include services through age 23. To assist in improving services to youth, Permanency Consultants and Specialized Youth Workers (SYW) provide case consultation, on-site coaching and training to assist case workers and supervisors in working towards permanency for youth prior to exiting foster care. In addition, assistance is provided with community outreach to inform stakeholders of program improvements. The enhancements are geared towards increasing the engagement of youth in FTM's, collaboration with community stakeholders and enhancing the skills of the DCFS child welfare workforce when working with young adults to include coaching in family search and engagement practices. The DCFS expanded work with the Youth Advisory Board (LEAF) to help them restructure and plan initiatives throughout the year. Curriculum inclusive of Positive Youth Development (PYD) concepts is incorporated into the LEAF professional Development meetings to teach those youth the skills to utilize in their work with other youth. Peer supports within the Independent Living Services Programs then utilize these concepts to ensure the skills are dispersed to all youth receiving the IL Services across the state.

Service delivery for youth is provided by their caregivers, the DCFS workers, and by contracted CFCIP provider agencies. Four agencies comprise the CFCIP providers statewide in nine regions. Goodwill of North Louisiana provides services in Shreveport, and Alexandria Regions. Louisiana United Methodist Children and Family Services serves the Monroe, Lake Charles, Lafayette and Covington Regions. Goodwill Southeast Louisiana serves New Orleans and Thibodaux Regions. Empower225 serves the Baton Rouge Region. The agency also has a mechanism through ICPC to provide services to meet the needs of youth who were formally in foster care and moved to Louisiana after exiting foster care in another state.

The ETV provider for the state is the Louisiana Office of Student Financial Assistance (LOSFA). This state agency is located in Baton Rouge but works collaboratively with the financial assistance offices of all accredited post-secondary institutions and programs throughout the state as well as other federal and state funding programs for individuals seeking post-secondary educational/vocational skill development. The National Youth in Transition Database (NYTD) is the database used by the state of Louisiana to report demographics regarding youth in foster care (sex, race, ethnicity, date of birth and foster care status) as well as outcomes of youth involved in the Foster Care and EFC programs.

The DCFS is working to increase the accuracy of data collection for NYTD data elements. Once a CCWIS system is developed, we will have the ability to pull NYYD data from one system into one report. We will also continue to strengthen our plan to share NYTD date with stakeholders and youth to improve program development.

Serving Youth across the State: The LOSFA has done outreach across the state to the primary educational/vocational institutions. LOSFA does targeted outreach any time a current or previous foster youth indicates an interest in a program, which has not previously been available or utilized. Their educational institutions refer the youth to LOSFA for ETV applications and approvals. Youth are also encouraged to explore available resources through the Orphan Foundation of America to access additional services. The state Foster Parent Association offers a variety of scholarships and achievement awards for youth exiting foster care annually. Information can be accessed at www.lfapainc.org. The DCFS has a youth link on the Department's internet site, which is disseminated routinely to youth to provide them with information on education and other services to support the transition to adulthood. This link is www.dcfs.louisiana.gov under the tab for Child Welfare, and then the tab for Youth Link.

Prior to age 18, a DCFS worker or an Office of Juvenile Justice (OJJ) worker who has primary case management responsibility serves each youth. (Tribal Social Service workers serving youth in tribal foster care with the four federally recognized tribes within Louisiana may also make referrals.) The caseworker refers youth to the CFCIP provider for life skills training beginning at age 14 or entry into foster care, if entering state/app custody after age 14. The CFCIP provider may serve youth enrolled in CFCIP services up to age 23, as needed. Youth are informed of the ETV program by their DCFS caseworkers and by CFCIP providers. By completing the Free Application for Federal Student Aid (FAFSA) and indicating he/she was a ward of the state, or by applying for financial assistance through any federally recognized educational or vocational program, a youth is referred to the Louisiana Office of Student Financial Assistance (LOSFA) for ETV consideration. The Department monitors compliance with ETV guidelines through verification of eligibility, consultation with LOSFA and periodic disbursement of funds.

Youth are eligible to receive an ETV if the youth are currently under the age of 26 and meet one of the following criteria:

- Exited foster care from DCFS or a federally recognized tribe at age 18 or OJJ custody between ages 18 and 21;
- If the youth exited foster care from DCFS custody after age 16, but prior to age 18 to an adoption or guardianship arrangement;
- If the youth exited foster care after the age of 14, but prior to age 18 to another permanency option (ex: reunification, custody to a relative, etc.)

(Louisiana extends ETV services to youth from other states/tribes meeting the same criteria who live in Louisiana and are not receiving ETVs from their own state/tribe.)

Starting in 2018 there has been a five-year limit on ETV funds and eligibility.

ETV awards are based on need and a formula is used to ensure the youth receives the highest benefit possible. DCFS staff and Independent Living providers give the youth information concerning the ETV and this is documented on the Youth Transition Plan (YTP).

Youth ages 16 and 17 who are dually enrolled in accredited secondary and post-secondary programs are also eligible for ETVs. Satisfactory progress toward degree completion is required in order to maintain eligibility.

The DCFS offers CFCIP and ETV services to all youth meeting the criteria above.

Youth receiving an ETV are required to apply for all financial aid and scholarships for which they might qualify. Periodic reviews of the youth's progress will continue to occur to ensure the youth receives the services to meet educational or training needs and achieve educational goals. Each participant is required to submit grades each semester or quarter to LOSFA, and/or a DCFS program consultant so the youth's progress and performance can be assessed and continued expenditure of ETV funds can be justified.

In order for a student to be considered for many of the federal and state aid programs, they must complete the Free Application for Federal Student Aid or FAFSA. The postsecondary school uses the information from the FAFSA to determine eligibility for those programs. A student cannot receive any financial aid that exceeds the cost of attendance.

The cost of attendance varies from school to school. The elements of the cost of attendance include tuition, books, room and board, miscellaneous expenses, transportation, and childcare (if the student has a dependent). Students in off-campus housing have a higher cost than those living in the dorm or those who live at home. The formula for federal and state aid is:

Cost of attendance/COA minus expected family contribution/EFC (derived from info on the FAFSA) equals financial need.

Cost of Attendance (COA) – Expected Family Contribution (EFC) = Financial Need

Schools are required to use the formula above and cannot receive aid in excess of the cost of attendance.

Five groups of youth continue to be eligible for CFCIP services after they leave foster care:

(1) Youth in the Extended Foster Care Program.
(2) Youth who left foster care for adoption or guardianship after age 16 but prior to age 18 are informed by their case worker of their continued eligibility for CFCIP services up to age 23,
and are potentially eligible for ETV services, when the youth leaves foster care.
(3) All youth who leave foster care for any reason after beginning CFCIP life skills training are eligible and encouraged to remain in the program until they complete it.
(4) Youth who have aged out of foster care and make a plan to continue educational and vocational pursuits with the assistance of the ETV program.
(5) Youth who have completed the life skills training program with a CFCIP provider may always return to the provider for additional assistance as resources allow.

Young adults 18-23 are able to receive case management to include emergency assistance funds and coaching in IL skill building. They will also have the opportunity to be involved in youth engagement activities and programs, skill specific educational classes, and included in social activities.

NYTD data is discussed with field staff, state office staff, youth, OJJ staff, the Louisiana Youth Leadership Advisory Council (LYLAC) and with the CFCIP providers. During these discussions, staff reiterate the importance of this information in assessing service delivery and improving work with youth. The CFCIP providers assist in surveying "NYTD follow-up youth." The DCFS implements an ongoing plan for the CFCIP providers to stay in contact with the sampled "NYTD follow-up youth" and with the baseline youth as they enter the population. The plan ensures CFCIP providers will have contact with each of these youth a minimum of every 60 days. It requires the providers to send the youth a birthday and Christmas card to sustain the relationship and remind youth of the availability of the CFCIP providers as a connection and resource for services.

The DCFS does not have the ability to compare NYTD data by region to determine if services vary by location. The Independent Living contract service providers provide a consistent service array across the state. Each of their programs provides the same menu of services, same assessment, and same delivery technique of services. They will be using the same curriculum for independent living skill development within the next few years. Over the next two years, the DCFS will be working with the local communities to build additional services in an adequate and functioning service array statewide.

The DCFS is developing a CCWIS system that will allow for the increased accuracy of data collection for NYTD data elements. This will allow NYTD services data to be pulled from the data system regarding services received. We are working to develop a report in the interim that can compare the AFCARS and NYTD data. The baseline surveys will continue to be collected by the Independent Living contract providers. They make direct contact with young adults to facilitate the completion of baseline surveys. We will be strengthening our plan to share NYTD data with an increased number of stakeholders and youth to improve program development and change. This will include training youth to share the data with other youth.

Collaboration with Tribes: In all discussions with the tribes, they have requested to be notified of Chafee services that are available. Due to the small number of youth they serve, they have stated their interest in obtaining services through our contract providers when needed. The State Office team makes contact with each tribe quarterly by phone and email and makes in-person visits quarterly. In addition, each year the Independent Living contract providers must meet with each tribe to discuss services available within their programs and how services are accessed. To date none of our federally recognized tribes has requested any Chafee or ETV services for any of their youth.

Collaboration with other Private and Public Agencies: The DCFS recognizes the value of coordination and collaboration across the spectrum of child and family serving organizations, and actively pursues partnerships to improve outcomes for youth in foster care, youth in the custody of OJJ or the federal tribes who need a permanent connection (integrated case management), youth who have left foster care for adoption or guardianship and youth who have aged out of foster care. Foster youth have been invited to participate in CFSP development, APSR review and development, policy development review and comment, and legislative testimony to support the Extended Foster Care program. Youth have presented at local and national conferences, completed legislative internships, and served with CFCIP providers in program development.

The DCFS and CFCIP providers collaborate with community agencies, community groups, businesses, universities, churches, community professionals, youth and individual supporters of the CFCIP programs throughout the state. Local school districts, public libraries, churches and vocational schools donate their facilities for CFCIP groups so the location can be as convenient as possible for the youth as well as serve to provide more experiential learning sites. An example of this would be the use of Louisiana State University Cooperative Extension kitchens for food preparation exercises. CFCIP providers collaborate with local mental health centers, hospitals, the United Way, Boys and Girls Clubs, Juvenile Courts, Volunteers of America, National Park Services, IRS, YWCA, vocational schools, local businesses including financial institutions, Job Corps, the National Guard Youth Challenge and the Salvation Army to obtain needed services for youth.

The Louisiana Coalition of Independent Living Skills Providers, composed of DCFS program staff and representatives of each CFCIP provider, meets quarterly to exchange information on services, service delivery and provide training to the participants. The coalition defines barriers and problems in service delivery and develops a unified approach to solve problems common to all members.

Transitional Living Services funded under Part B of the Juvenile Justice and Delinquency Prevention Act of 1974 - DCFS continues to collaborate with several transitional living providers across the state providing housing and other services to runaway homeless youth and former foster care youth. DCFS collaborates with additional transitional living providers to provide transitional living services to youth ages 16 and 17 who are currently in foster care through contractual agreements.

Louisiana Youth Leadership Advisory Council State Board: The DCFS collaborates with the CFCIP providers to facilitate and host quarterly development meetings for the LYLAC state board members.

Abstinence Programs: Independent Living Providers include sex education in their life skills groups. This phase of life skills development includes abstinence as an option, but the DCFS does not collaborate with any programs devoted exclusively to abstinence. CFCP providers do have access to materials from a national, evidence based Choosing the Best curricula, which was a state, supported abstinence program provided by the Louisiana Youth for Excellence, Office of the Governor. Now CFCIP providers are focusing on integrating the LOVE 146, Not Another Number curricula, into their independent living skills development offerings.

Local Housing Program: Regional and parish DCFS offices and CFCIP providers coordinate with local parish housing authorities and other housing programs. Collaboration with local housing authorities has resulted in youth being placed in permanent supportive housing. Additional youth are currently on the waiting lists for such housing, and collaboration will continue toward moving youth into permanent supportive housing. Additionally, CFCIP providers coordinate transitional living programs and various housing alternatives to explore new ways to meet housing needs of youth. Covenant House in New Orleans is a temporary shelter, which is able to house youth for a short time if they have no suitable living arrangement once they reach age 18. The DCFS and CFCIP staff collaborate with the Louisiana Emergency Solutions Grant program and Homeless Prevention and Rapid Re-housing program to provide short- and medium-term housing and utility assistance to youth exiting the foster care system.

Programs for Disabled Youth: The DCFS refers youth with special needs for employment to Goodwill sheltered workshops. Additionally, all CFCIP providers are expected to provide services to all youth despite their disabilities. The DCFS has a very close working relationship and Memorandum of Understanding (MOU) with the Office for Citizens with Developmental Disabilities (OCDD) under the state's Title XIX department to ensure all youth in foster care receive services to meet developmental disabilities. The DCFS serves as a member of an Interagency Service Coordination Committee on the regional and state levels along with other state agencies to work through challenges in serving this population of youth. The DCFS also serves as a member of the state Department of Education's (DOE), Special Education Advisory Panel which reviews and comments on all proposed legislation, policy changes and programmatic initiatives regarding special educational services for children and youth in Louisiana. The DCFS staff and CFCIP providers are also able to support disabled youth through referrals for Social Security Benefits, Louisiana Housing Commission managed Permanent Supportive Housing, Louisiana Rehabilitative Services, and Louisiana Workforce Commission job search and job skill development services.

School to Work Programs: Youth are referred to local school systems and workforce agencies for school-to-work programs where available. Many school systems now offer partnerships with the Louisiana Community and Technical College System to offer youth an opportunity to receive vocational course credit on campus at the student's high school or transportation via the bus system to the vocational campus for a part of the day. Therefore, youth are able to dually enrolled and work simultaneously on obtaining high school credit and vocational school credit. Youth may continue to receive basic services through the Louisiana Workforce Commission. JobCorp and Youth Challenge programs are available in several areas of the state, and youth in foster care routinely avail themselves of these programs for vocational skill development. Additionally, many middle and secondary schools in Louisiana now offer Jobs for America's Graduates (JAG) programs, which may be an option for some DCFS youth in pursuing a vocational/career path while in these school programs as opposed to the traditional course selection.

Education and Employment: The DCFS works in partnership with other state agencies receiving federal funds including the LDOE, OCDD, Louisiana Department of Health (LDH) Medicaid Program and Office of Juvenile Justice (OJJ) to coordinate services for foster children and youth aging out of care.

Mental Health and Substance Abuse Services for Youth: Health services for children and youth enrolled in Medicaid are managed through five managed care organizations (MCO) in Louisiana. Youth exiting foster care at age 18 retain their Medicaid coverage through age 26.

Youth exiting foster care receive assistance from the DCFS caseworkers and CFCIP providers in making necessary linkages to other services or economic support programs through LDOE and the DCFS when needed. Examples would include Child Care Assistance for any children of the youth from LDOE and food stamps (SNAP benefits) from the DCFS.

Determining Eligibility for Benefits and Services: The state's criteria for objectively determining eligibility for benefits and services under the CFCIP and ETV programs is described above in the other portions of the John H. Chafee Foster Care Program section of this plan.

Cooperation in National Evaluations: The DCFS Independent Living/Transitional Services Program Coordinator, LaToya Saulsby, (225) 342-3936, Latoya.saulsby.dcfs@la.gov participates in quarterly conference calls coordinated by ACF Region VI. Through this process, the coordinator is able to share developments in the Louisiana Chafee program with other state coordinators and learn about development in their state programs. This continuous shared learning opportunity allows for ongoing evaluation of the Louisiana program in comparison to these other programs. CFCIP providers attend National Conferences such as Daniel Memorial and Pathways to Independence to learn about the latest research and programs offered in other areas of the country in order to enhance Louisiana CFCIP programs.

Chafee 2025-2029 goals: In order to continuously monitor and improve the services for older youth in foster care and those transitioning out of foster care, the DCFS plans to do the following over the next several years:

1. Increase the percentage of youth who complete Life Skills program (by each provider every year) by 5 percent over the period of 5 years.
2. Increase the opportunities for caregivers of older youth to learn the importance of IL participation. LEAF and IL providers assist with the development of an in-service training course for caregivers and staff on the importance of IL services for youth transitioning from foster care.
3. Work with IL providers to increase the percentage of youth each year who participate in Youth Engagement events by 5% over the 5-year period.
4. Determine the level of confidence youth exiting care have about being able to succeed on their own. Develop a survey for 17-year-old youth prior to exiting FC to measure their level of independence and use information obtained to develop engagement opportunities with IL providers, staff, and caregivers.
5. Increase permanency rates each year for older youth by 5 percent for the 5-year period.
6. Hold a youth summit for foster youth voice month each year to recognize the importance of youth voices in planning for their care and preparation to live independently. This is

another opportunity to gain direct input from current foster youth to guide in decision-making.

7. Include NYTD reporting in the development of the CCWIS program for tracking and improved accuracy in data elements.

Chafee Training Update FFY 2025: The DCFS continued to provide services through the Chafee program with transitional services and Independent Living Skills (ILS) for all youth in foster care age 14 through 17 years old and young adults age 18 through 23 years old.

The CFCIP providers continued to provide youth engagement programs in each region in addition to social skill building for youth and young adults ages 14 through 21. Case management services for youth not in EFC were offered to youth ages 18 through 23. The CFCIP provider assisted young adults not being served by the EFC program with housing by paying deposits, rent payments, and other assistance when needed to help with stability for them and their children. The Independent Living Programs (ILP's) served 586 youths during April 2024-September 2024 and 784 during FFY 2025.

The DCFS purchased the LYFT Learning Program, Life Skills Re-Imagined Curriculum to ensure continuity across the state should a youth relocate. In 2025, 376 youth were enrolled in the Life Skills Reimagined, 143 logged in to work modules and 17 completed the curriculum.

The Youth Ambassador position will be included in the upcoming Request for Proposal (RFP). DCFS plans to release the Independent Living Program RFP by July 2025. The RFP will include: NYTD surveys, Youth Engagement and managing the LEAF board. The Youth Ambassador and Peer Support role will be included in the program. However, in the interim, the LEAF Communications officer has been responsible for updating the Youth Link information as well as LEAF social media pages. Additionally, peer support staff continue to update youth resource lists in their assigned regions.

The DCFS works closely with the LEAF Youth Advisory Board to help plan initiatives throughout the year. During the past year, the LEAF Board addressed issues related to Placement Stability, focusing on the necessity for additional Transitional Living Programs and the need for landlords willing to accept HUD vouchers. The committee successfully established partnerships with various community resources, including Nah Senpang (Realtor), Adam Broussard (owner of a sober living home), and the SMILE Community Action Center. The committee meets twice monthly to discuss ways to inform and get assistance from the community on DCFS barriers to placement stability for youth in care.

In October 2024 two Youth Summits were held statewide. They were held in Alexandria and Loranger, with 91 youth in attendance. The event was held to honor Youth Voice Month and DCFS helped to provide youth with resources and tools that are necessary for adulthood. The event's theme was Reality Town that gave fun hands-on curriculum to learning how to manage financial and life demands that comes with being a young adult.

Sixty-eight youth and young adults in Foster Care age 14 through 17, and Extended Foster Care were provided with cell phones to assist with maintaining connections and transitioning toward independence and normalcy and a stipend to assist with transitioning into independent living

housing. Chafee funds not only assist with the purchase of the phones, but also software needed to assist with monitoring of the phone to ensure youth are safe and kept safe in various situations.

Chafee Training Planned Activities FFY 2026: The DCFS will continue its partnership with Chafee. Requests for Proposals (RFPs) for Independent Living Programs will be released for the 2026-2027 contract year.

Efforts will be made to recruit new LEAF Board members to ensure the board's sustainability, enhance membership of the current youth in foster care, and promote ongoing advocacy for both current and former foster youth.

Plans are underway for larger-scale Youth Summits and Youth Focus Groups, enabling wider participation from youth in care and those in Extended Foster Care. Each Youth Summit will take place in the Tri-region, inviting approximately 60 youth to attend each event.

EDUCATION AND TRAINING VOUCHERS (Statistical & Supporting Information): The ETV program, the methods the state uses to operate the program efficiently, and the methodology for assessing the use of these benefits is embedded within the John H. Chafee Foster Care Program information above.

The chart below reflects the continuing and new ETVs issued by year according to the state's school year, which runs from August through July each year:

Continuing and New ETVs by School Year		
School Year	**Total Vouchers**	**New Vouchers (First Time)**
School Year 2024 (Baseline)	118	28
School Year 2025	115	31
School Year 2026		
School Year 2027		
School Year 2028		
School Year 2029		

Consultation With Tribes: The involvement of the federally recognized tribes in accessing CFCIP and ETV services is described throughout the John H. Chafee Foster Care Program section of this plan.

CONSULTATION & COORDINATION BETWEEN STATES & TRIBES:

There are four federally recognized Native American Tribes in Louisiana:

1. The Chitimacha Tribe of Louisiana is located in Charenton, LA in St. Mary Parish. Melissa Darden is the Chairman and Karen Matthews is the Director of Health and Human Services. The mailing address is P.O. Box 661, Charenton, LA 70523, and the telephone number is (337) 923-7000. Website: www.chitimacha.gov
2. The Coushatta Tribe of Louisiana is located in Elton, LA in Allen Parish. Crystal Williams is the Vice Chair and Rayne Langley is the Social Services Director. The mailing address is P.O. Box 967, Elton, LA 70532, and the telephone number is (337) 584-1433. Website: www.coushattatribela.org
3. Tunica-Biloxi Tribe of Louisiana is located in Marksville, LA in Avoyelles Parish. Marshall Pierite is the chairman and Evelyn Cass is the Social Services Director. The mailing address is

P.O. Box 331, Marksville, LA 71351, and the telephone number is (318) 253-9767. Website: www.tunicabiloxi.org

4. Jena Band of Choctaw Indians of Louisiana is located in Jena, Louisiana, and includes parts of Grant, Rapides and LaSalle Parishes. Elizabeth "Libby" Rogers is the Chief and Mona Maxwell is the Social Services Director. Kimberly Purvis is the Social Service Specialist. The mailing address is P.O. Box 14, Jena, LA 71342, and the telephone numbers are (318) 992-0136 and (318) 992-0363. Website: www.jenachoctaw.org

Annual meetings between federal, state and tribal partners are generally held to discuss collaboration, planning and service delivery between the state and the tribes. The meetings prove beneficial in improving service delivery to tribal families and children. Chafee Independent Living providers in regions where the tribes are located make ongoing outreach efforts to the tribes. Formal working agreements with the Native American tribes are in place with local DCFS offices and state office staff facilitates quarterly meetings with all federally recognized tribes.

The DCFS continues efforts to invite all tribal representatives to each quarterly CQI meeting. The goal is to improve communication with tribes on important matters such as notification of case planning meetings, safety/risk assessments, staffings, and court hearings. Tribes are located in jurisdiction of three regional CQI committees: Lafayette Region (Chitimacha Tribe), Lake Charles Region (Coushatta Tribe) and Alexandria Region (Tunica Biloxi and Jena Band of Choctaw Tribes).

Plans, Reports and Reviews: The DCFS provided tribes with an outline for the new Child and Family Services Plan (CFSP) and goals and action steps to obtain feedback for planning for the next five years at the annual tribal meeting.

An ongoing discussion regarding plans, reports and the state's compliance with ICWA will be held in quarterly conference calls initiated by the DCFS. The department will resume site visits with tribes. The DCFS will conduct the conference calls and encourage tribal participation through meeting reminders and requests for agenda items, which are important to tribes as well as coordinate the site visits.

Rights of Tribes to Operate a Title IV-E Program: The DCFS is available to all tribes in the state, the Director of the Bureau of Indian Affairs, and the Director of the Louisiana Intertribal Council to negotiate in good faith with any tribe or tribal organization requesting the development of a Title IV-E agreement to administer all or part of the Title IV-E program, including the Chafee Foster Care Independence Program on behalf of Native American children, and to provide access to Title IV-E administration, training and data collection resources.

Measures taken by the state to comply with ICWA: The DCFS provides initial and ongoing training to front-line staff to assure ICWA policy is understood and implemented and developed a computer-based course on ICWA, which is mandatory for staff. The course is available in the Department's on-line training environment. Tribal representatives are invited to participate in trainings offered by DCFS. In consultation with tribes, Louisiana has developed policies and procedures to comply with the Indian Child Welfare Act.

Notifications to Indian Parents and Tribes: The DCFS policy requires staff identify children who are Native American or eligible for tribal membership. The Child Protection Services (CPS)

data system, A Comprehensive Enterprise Social Services System (ACESS 2.0) intake screen captures information regarding Native American status, and inquiries continue throughout the life of the case, with Tracking, Information and Payment System (TIPS) data and/or ACESS 2.0 being updated accordingly. Upon identification of a child served by the DCFS and affiliated with a federally recognized Native American tribe, the tribe is notified. The DCFS encourages identification of Native American children early in the child welfare process and stresses open communication with the family and the tribe throughout the family's involvement with the department.

The department does not currently capture data within any of our data systems on the notification to tribes when a Native American child becomes involved in the child welfare system. The DCFS captures this information on the case transfer staffing form when cases move from one Child Welfare program to another, but this is not an electronic process where data can be easily collected. The state hopes to achieve enhanced data tracking capacity in this area in the future when a Comprehensive Child Welfare Information System (CCWIS) system is developed.

Placement Preferences: The DCFS policy recognizes the special placement preferences for Native American children within the tribe if placement within the family is not possible. Policy addresses placement preferences for Native American children in foster care, pre-adoptive and adoptive homes. Policy requires children be placed with family and within a placement resource meeting the specific ethnic and cultural needs of the child.

Services to Facilitate Reunification: The DCFS policy recognizes the need for services to facilitate reunification with their Native American families, when safe and appropriate. Policy addresses Native American children in Foster Care and the need to involve tribes and parents in the FTM process and court proceedings to facilitate the reunification process.

Family Preservation: Services are sought to prevent the breakup of Native American families. The DCFS is working toward building a continuum of services focusing on prevention and the preservation of the family unit for all families served by the Department, including tribal families. Limitations exist in the availability of services in rural areas of the state, which negatively affects the ability to provide services to tribal families and all other families who reside in rural areas.

Tribal Jurisdiction: Policy recognizes the rights of tribal courts and their jurisdiction. Policy has been updated to reflect the process of transferring jurisdiction to a tribal agency, if requested. Tribal courts usually allow the local courts to proceed but would prefer complete details in an informed decision-making process. It is hoped that through ongoing participation of tribal representatives on regional CQI teams and on the statewide stakeholder committee, these types of issues can be discussed and resolved in a satisfactory manner for all parties and in the best interests of the children and families served.

Special Provisions: The department has special provisions in policy applying to a child eligible for membership in a federally recognized Native American Tribe and involved in child custody proceedings relative to foster care placement, termination of parental rights, pre-adoptive placement and adoptive placement. These special provisions include family background investigation, pre-removal services, and hearing notification to the parent(s) and the tribe. The DCFS requires Chafee Independent Living Service providers by contract to serve tribal youth in foster care with the tribe as well as in state custody in providing services.

Tribal Collaboration 2025-2029 goals: The state level Foster Care Unit will do the following:

1. Continue to maintain formal working agreements with tribes and field staff on the federal laws required under ICWA.
2. Continuously review and update policy and seek tribal input for improved guidance to departmental staff in serving Native American children and families.
3. Hold quarterly onsite meetings with each Louisiana tribal social service director and their local child welfare tribal liaisons and local child welfare staff to collaboratively identify challenges and facilitate improved working relationships.
4. Encourage tribal CQI involvement at the local and state level.
5. Encourage tribal youth involvement in the Louisiana Elite Advocacy Force (LEAF), if previously in state custody.
6. Notify tribes of monthly program specific webinars and other DCFS child welfare trainings provided to child welfare staff in relation to policy/legislative issues and encourage participation.
7. Collaborate with Supreme Court, Court Improvement Program in planning for improved ICWA compliance in serving Native American families.
8. Work with contracted Chafee Independent Living Services providers to reach out to tribes on a regular basis to offer support and services to tribal youth in custody who are transitioning to adulthood.
9. Assist tribes with the development of a Title IV-E plan and/or agreement, if needed/ requested.

Tribal Collaboration Update FFY 2025: During FFY 2025, the DCFS and the four federally recognized Native American Tribes in Louisiana maintained their collaborative partnership as all agreements were renewed. The DCFS continued to require that staff identify children who are Native American or eligible for tribal membership and adhere to all ICWA requirements. The DCFS continued to enhance its relationship and communication with its tribal partners in relation to children and families by continuing to hold quarterly and annual meetings to discuss ongoing communication improvements between the two agencies, coordinate resources and services, provide agency updates, and strategize to meet the needs of children and families. These meetings are to ensure that tribal partners are informed of any procedural or policy changes and will facilitate accurate Title IV-B and Title IV-E eligibility determinations for children served within tribal jurisdictions in the Child Welfare Programs.

The DCFS extended invitations to all tribal representatives to attend quarterly Continuous Quality Improvement (CQI) stakeholder meeting and Regional Summits in an effort to improve communication with tribes regarding notification of case planning meetings, safety/risk assessments, staffings, and court hearings. Tribal representatives were invited to participate in several meetings held during the development of the 2025-2029 CFSP to provide valuable insight into potential areas for improvement. The DCFS ensured that tribes received notifications regarding all statewide DCFS trainings, as well as local foster parent recruitment and training initiatives, which highlights the agency's dedication to fostering strong partnerships with the tribal communities.

The table below illustrates the total number of Native American Indian children who were alleged victims, as well as those who were removed from their homes due to substantiated cases of abuse or neglect.

FFY	Total Alleged Child Victims (un-duplicated)	Total Alleged Native American child victims (unduplicated)	Percentage of Native American child victims	Total Validated child victims (unduplicated)	Total Validated Native American child victims (unduplicated)	Percentage of Valid Native American child victims
2023 Baseline	39,813	105	0.26%	9,432	30	0.32%
2024	33,459	96	0.29%	8,227	22	0.27%
2025						
2026						
2027						
2028						
2029						

The chart above reflects the total number of alleged Native American child victims unduplicated, the percentage of Native American child victims unduplicated.

The following chart reflects the total number of Native American children who represented valid cases of abuse/neglect.

FFY	Native American Children entering Foster Care Program (single race)	Total Native American Children entering Foster Care program (multiple race)	Total Native American Children entering the Foster Care Program
2023 Baseline	12	12	24
2024	8	10	18
2025			
2026			
2027			
2028			
2029			

The chart above reflects the total of Native American children who represented valid cases of abuse/neglect. Data Source: CAN0007 Unduplicated person report. Data Source: CAN0007 Unduplicated person report.

Tribal Collaboration Planned Activities FFY 2026: The DCFS will maintain its commitment to the ongoing partnership with the tribes. The DCFS will continue to provide regular updates to ensure that tribal communities are informed of all departmental changes. Additionally, the DCFS consultants in the Foster Care and Extended Foster Care Programs will remain available to assist as needed. The DCFS Foster Care and Extended Foster Care Consultants will continue to meet with tribal representatives in person on a quarterly basis, as well as on an as-needed basis.

The DCFS will maintain access to the approved APSR on the agency's website and will also distribute the approved APSR to each tribe.

In collaboration with the tribes during quarterly meetings, the agency will request the approved APSR from each federally recognized tribe at the first quarterly meeting following its approval.

UPDATES ON TARGETED PLANS WITHIN THE 2025 – 2029 CFSP:

A. FOSTER AND ADOPTIVE PARENT DILIGENT RECRUITMENT PLAN: As per Section 422(b)(7) of the Social Security Act, the state provides for the diligent recruitment of foster/adoptive families meeting the needs of the infants, children, youth served by the child welfare agency. The following information describes the state's plans for the 2025-2029 Child and Family Services Plan (CFSP).

Recruitment of Foster/Adoptive Parents Update FFY 2025: The DCFS continued its collaboration with community partners (some local, some statewide) in order to recruit new foster caregivers and to enhance support of existing foster caregivers certified by the DCFS and private child placing agencies across the state. The Foster Caregiver Recruitment and Support Team continued to partner with Home Development to respond in a timely manner to all families who inquire about fostering and to maintain consistent contact with each family throughout the certification process.

The Recruitment and Support Team received printed recruitment and support materials in March 2025. These materials have been used at public events, speaking engagements and for public display in individual communities to raise public awareness of the need for more foster caregivers as well as to bolster support for foster caregivers. The team also received business cards that includes a QR code for the DCFS foster caregiver recruitment website. The business cards also include the URL for the website for those who may not be familiar with QR codes.

In March 2025, the DCFS held a recruitment event at a church in Baker, Louisiana in partnership with Reverend Donald Hunter, a respected member of the faith community. Pastors or representatives from numerous African American churches in the Baton Rouge area were in attendance. Two media outlets were also present. The DCFS and Reverend Hunter provided the group with statewide and regional data to highlight the need for more foster caregivers. The DCFS Secretary and Reverend Hunter also made a call to action to encourage African American faith leaders to mobilize to recruit more African American families to foster and/or to provide different levels of support to existing foster caregivers.

Recruitment of Foster/Adoptive Parents Planned Activities FFY 2026: Prior to January 1, 2026, the Recruitment and Support Team will meet to conduct an end of year review to assess overall progress towards its recruitment and retention goals and to debrief on strategy effectiveness. Prior to January 1, 2026, the team will also draft regional recruitment and retention plans for calendar year 2026 that will detail the goals, strategies, and action steps that will be used to recruit foster caregivers in FFY 2026. The recruitment goals identified will be based on foster caregiver and child data with input from regional and state level DCFS management.

Initiatives with churches and a call to action to encourage African American faith leaders to mobilize and recruit more African-American families to foster and/or to provide different levels of support to existing foster caregivers will continue statewide with similar meetings planned in each region of the state. This will allow the Regional Recruitment and Support Consultants access to hundreds of African American church congregations across the state to further the recruitment and support goals identified. The DCFS also plans to continue to engage with existing community partners and to cultivate new community partners to aid in foster caregiver recruitment and support. As opportunities arise, the DCFS will utilize media coverage to enhance its community-based recruitment and retention efforts.

B. HEALTH CARE OVERSIGHT AND COORDINATION PLAN: Practitioners and providers who opt into the provider networks of managed care organizations (MCOs) provide health care services for children in foster care. The Health Care Services plan is operational as a Memorandum of Understanding (MOU) between the DCFS, LDH and OJJ.

The Health Care Oversight and Coordination Plan must include an outline of all of the items listed below, enumerated in statute at section 422(b)(15)(A)(i)- (viii) of the Act: All children in the DCFS custody shall receive medical and dental care when medically necessary or required for wellness. All children in the DCFS custody shall have a primary care provider through one of the Health Plans to promote continuity of medical services. This is consistent with national best practice standards, and meets the requirements of the Fostering Connection to Success and Increasing Adoptions Act of 2008 (Public Law 110-351). If possible, the DCFS retains children with the same medical providers and plan in use by the child's family at the time of foster care entry.

Children will receive health care services according to the following schedule:

1. Initial medical screenings-newborns accepted into Foster Care (FC), the examination must occur prior to hospital discharge. Children other than newborns entering FC, the examination must occur within thirty calendar days of FC entry by a licensed physician, physician's assistant, or nurse practitioner. The examination will include screening of current development, medications, immunization status, hearing, speech and vision; children under 6 years of age will include universal blood lead screening. The DCFS makes every attempt to maintain any pre-existing relationships with health care providers when a child enters care. The initial medical screening and comprehensive exam serve as valuable tools to identify medical conditions and ensure appropriate subspecialty referrals are made. When a child's foster care setting changes, every effort is made to locate a care setting in a geographical region that will allow for continuity of healthcare providers. Maintaining a stable relationship with a provider not only reduces the likelihood of inappropriate diagnoses being made upon entering care but allows for close monitoring of a child's adjustment to a new care setting. The DCFS has established policies and procedures to ensure that children in foster care placements are not inappropriately diagnosed with mental illness, other emotional or behavioral disorders, medically fragile conditions, or developmental disabilities, and placed in settings that are not foster family homes as a result of the inappropriate diagnoses.
2. Regular periodic medical screenings must occur after birth as follows for children under 2 years of age: 1 month, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months and 2 years. Medical screening must occur at a minimum of annually for children ages 2 through 17.
3. Inter-periodic medical screenings may occur when-medically necessary, required prior to participation in an educational or sports program, required within three working days of a child returning from runaway/missing/kidnapped and there is suspicion of physical abuse, disease, or other condition such as HIV exposure or pregnancy and medical screening or testing is necessary to verify
4. Specialized medical screenings for children under the care of medical specialists due to the unique medical care needs of the child, follow up examinations and screenings should be based on the recommendations of the specialist treating the child. Examples of this may include but are not limited to: Oncologist for child with Cancer, Cardiologist for child with heart issues, and Endocrinologist for child with gender identity issues.

Steps to ensure continuity of health care services, which may include establishing a medical home for every child in care:

Through the creation of the Medicaid managed care system known as Healthy LA the child's medical home is the managed care provider. Even if the child changes physicians for any reason the child managed care provider can identify another care provider within the same provider

network to resume healthcare services. LDH and the DCFS work together on contract development and amendments to hold the Medicaid managed care plans and their providers accountable for network sufficiency and positive outcomes for the medical, dental and behavioral health of children and families. Practitioners and providers who opt into the provider networks of managed care organizations (MCOs) provide health care services for children in foster care.

How the state actively consults with and involves physicians or other appropriate medical or non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment for the children -Monitoring for medical, dental and mental health care needs:

- Each medical provider will be responsible for monitoring the child's well-being and the impact of all treatment provided.
- The child's foster caregiver will be responsible for daily monitoring of the child's health status and for accessing the appropriate services as needed to address any health concerns which arise.
- The child's parents will be engaged in making health care decisions, authorizing treatment and participating in examinations and treatment to the fullest extent possible and in the best interests of the child.
- The DCFS or OJJ FC case worker will monitor the child's health status through monthly visits with the child and child's caregiver, collection of documentation of all screenings, examinations, assessments, testing, evaluations or treatment as well as consultation with health care providers as needed,
- LDH will ensure the Department and OJJ are informed of changes with Medicaid coverage for children in Foster Care.

Children will receive mental health care services according to the following schedule:

1. It is the policy of the Department of Children and Family Services (DCFS) for children and adolescents receiving Family Services (FS) and Foster Care (FC) from birth to age eighteen (18) years receive trauma and behavioral health screening and when indicated, referral for treatment.
2. The Trauma and Behavioral Health Screen (TBH) is used for the required behavior health screening. The instrument includes information about traumatic events that may have been experienced by a child and symptoms exhibited by the child that indicates the need for additional services.
3. The TBH score should inform the decision for mental and behavioral health treatment. When the score indicates a need for referral, the worker includes an appropriate treatment referral in the service plan. The TBH score is not the only factor used in making a decision for treatment referral. Other circumstances may also indicate a need for further assessment and treatment referral. The case worker and supervisor are expected to discuss the treatment needs in the case planning process.

Upon entering foster care, the DCFS policy states that past behavioral health and/or substance abuse providers should be identified and requested to provide history. Current policy states a case worker shall obtain mental health records from previous treatment providers to ensure diagnoses a child has when entering care are known to the agency and all medications prescribed by providers have been obtained. If a child is on a psychotropic medication recommendation and authorization of use should be obtained from the parent or legal guardian. Review of any psychotropic

medications with the prescribing provider is to occur at a minimum of quarterly. At least annually, a written assessment must be obtained documenting the need for continued psychotropic medications.

The oversight of prescription medicines, including protocols for the appropriate use and monitoring of psychotropic medications:

- The Department developed specialized forms and policy to address the use of psychotropic medications with children in foster care. The protocols established require psychotropic medications only be used as a last resort after all other less-intrusive behavioral modification options for treatment have been exhausted or emergency circumstances warrant the medical intervention to protect the child or others from harm. The protocol requires parental authorization for psychotropic medication usage if the parents retain parental rights to the child unless emergencies exist or treatment is court ordered in the best interests of the child. The protocol requires only a psychiatrist or psychiatric nurse practitioner be allowed to prescribe psychotropic medications for a child in state custody. The protocol requires all proposed psychotropic medications to be discussed with the child as appropriate, the parents and the foster caregiver to include potential side effects prior to administration of the medication.

- The Department is also currently collaborating with LDH to utilize the services of a psychiatrist for state level consultation by departmental staff regarding children prescribed multiple psychotropic medications to assess the impact of long-term usage of multiple medications.

The DCFS is currently working closely with the Office for Citizens with Developmental Disabilities (OCDD) and Local Governing Entities (LGEs) to determine whether a child entering care meets and/or has already met the definition of a developmental disability. Louisiana law states the following requirements must be met:

According to statute reference - LA R.S. 28:451.2 "Developmental Disability" means either:
a.) A severe, chronic disability of an individual that:

i. Is attributable to an intellectual or physical impairment or combination of intellectual and physical impairments.
ii. Is manifested before the individual reaches age 22.
iii. Is likely to continue indefinitely.
iv. Results in substantial functional limitations in three (3) or more of the following areas of major life activity:
aa) Self-care.
bb) Receptive and expressive language.
cc) Learning.
dd) Mobility.
ee) Self-direction.
ff) Capacity for independent living.
gg) Economic self-sufficiency.
v. Is not attributed solely to mental illness.
vi. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are lifelong or extended duration and are individually planned and coordinated.

b.) A substantial developmental delay or specific congenital or acquired condition in a person from birth through age 9, which without services or support, has a high probability of resulting in those criteria in Subparagraph (a) of this paragraph later in life that may be considered to be a developmental disability.

The determination of services and what services a child or child's family qualifies for is determined by the OCDD and needed services are coordinated through the state's Human Service Districts and Authorities. The DCFS in coordination with OCDD makes every attempt to provide services for a child in a community setting. There is also a network of Intermediate Care Facilities for the Developmentally Disabled (ICF/DD) that provides congregate care for children with severe developmental delays for whom the DCFS cannot find a care provider network. There are also OCDD Transitional Living Providers who may care for kids when they age out of Foster Care. The DCFS accesses ICF/DDs and the TLPs via the Human Service Districts and Authorities.

Medical information will be updated and appropriately shared, which may include developing and implementing an electronic health record:

- The child's foster caregiver collects documentation of all health care services provided to a child at the point of service. Foster Care caseworker collects documentation of health care services during monthly visits with the child and the child's caregiver. The Foster Care caseworker maintains health care services documentation in the child's case record and in FATS. The DCFS maintains a database in FATS form for electronic documentation and updating of the child's health record within the case plan system. The database is accessible to all DCFS staff when it is necessary to track the child's health care from different areas of the state.
- Foster Care caseworker provides copies of the child's health care information at a minimum of every six months to the parents at case planning meetings, at least every six months through court report, and prior to or at placement with any foster caregivers. Information is provided to other service providers only as needed to access services to meet the child's care needs or to provide for the protection of others when the child has a communicable disease.

Steps to ensure the components of the transition plan development process relating to the health care needs of youth aging out of foster care, including the requirements to include options for health insurance, information about a health care power of attorney, health care proxy, or other similar document recognized under state law, and to provide the child with the option to execute such a document:

- All youth age 16 and older will be informed by their foster care, adoption or juvenile justice case worker of the importance of establishing a health care power of attorney, also known as a health care proxy or health care mandate. The worker will explain to the youth a health care power of attorney is an advanced directive to appoint another person to make health care decisions in the event the individual is unable to make these decisions. The worker will explain the health care power of attorney is a contract and legal document and only adults (persons age 18 or older or persons who have been emancipated) can enter into a contract in Louisiana. This will include the worker encouraging the youth to discuss establishing a health care power of attorney with his or her court appointed attorney prior to reaching age 18. This also includes explaining there is a legal sequence of persons who may consent to medical treatment for an

individual in the absence of a health care power of attorney as follows, pursuant to Louisiana Revised Statute 40:1299.53:

- Any adult for himself
- The judicially appointed tutor or curator of the patient, if one has been appointed,
- The agency acting pursuant to a valid mandate, specifically authorizing the agency to make health care decisions
- The patient's spouse, not judicially separated
- Any adult child of the patient
- Any parent, whether adult or minor, for his or her child
- The patient's sibling

Health Care Oversight and Coordination Plan 2025-2029 goals:

1. Work in collaboration with treating personnel to ensure proper assessment to reduce the probability of inappropriate diagnosis of mental illness and other emotional or behavioral disorders and assess the appropriateness of their placement to ensure inappropriate diagnoses do not lead to placement settings that are not foster family homes.
2. Revise Health Care Oversight and Coordination Plan, re-establishing multi-department Memorandum of Understanding
3. Collaborate with healthcare providers and MCOs to better adhere to the recommendations from the American Academy of Pediatrics as outlined *in Fostering Health: Standards of Care for Children in Foster Care* by the Task Force on Health Care for Children in Foster care.
4. Develop a regular data sharing routine with LDH for psychotropic medication monitoring
5. Use the data received from LDH to determine inappropriate medical diagnosis in children diagnosed as medically fragile and developmental disability.
6. Evaluate and develop an extension of current psychotropic medication consultation process with psychiatrist for children receiving multiple medications.
7. DCFS will continue to fund TBH screening across the state and support trauma-informed focused services. Counseling services are available for children in foster care, but not the types of trauma-informed assessment and services that are necessary to treat trauma.
8. DCFS will monitor the completion of initial TBH screens to include at least 80% of the children in foster care.

For an update and activities planned on the **Health Care Oversight and Coordination Plan**, please refer to the **LDH** and **Interagency Collaboration/Consultation with Physicians** sections on pages 14-15 and 268-269.

C. DISASTER PLAN: See Appendix D- Disaster Protocol policy and EP Strategic Five-year plan 2024-2027.

Below are the events that DCFS-EP responded to in FFYs 2024-2025:

July 8, 2024, 24-026 Hurricane Beryl: The focus was on keeping foster kids and families safe, making sure CTN and MN shelters were ready if needed, and having staff ready to help with evacuations and sheltering. WebEOC and weather updates were checked to stay informed, and EP worked with the American Red Cross to coordinate support. The situation was watched closely in case evacuations or sheltering became necessary.

August 28, 2024, 24-031 Saltwater Intrusion: WebEOC and weather updates were checked to stay informed about saltwater intrusion. EP worked with parish officials and LDOE to make sure schools had enough water supplies to continue operations.

September 10, 2024, 24-033 Hurricane Francine: The DCFS EOC was activated and monitored 27 local shelters, which reached a peak population of 501. LNOs were deployed to 9 parishes, and WebEOC updates were monitored to maintain situational awareness. DSNAP operations were conducted for 9 parishes.

January 1, 2025, 25-001 JML Combined: GOHSEP combined Mass Casualty (25-002) Super Bowl LIX and Mardi Gras (Statewide) into one WebEOC incident.

- JAN 1 – Mass Casualty: WebEOC was monitored to maintain situational awareness.
- Jan 15 – Present: Homeless Transition Center NOLA– Peak Population 183, Capacity 200. Assisted in Planning Transition Center. Monitored and reported on Population and efforts to assist in permanent housing of individuals.
- Feb 6 – 9 SEOC activated for Super Bowl. Manned SEOC during the event. Monitored WebEOC.

January 6, 2025 25-005 Winter Weather Statewide: WebEOC and weather updates checked to stay informed. EP worked with the American Red Cross to coordinate support efforts. Parish warming centers monitored to make sure they had what they needed and were running smoothly.

January 19, 2025 25-007 Winter Weather Statewide: WebEOC and weather updates checked to stay informed. Monitored the opening and closing of 75 warming centers in 37 different parishes over the duration of the event. EP worked with the American Red Cross to coordinate support efforts in these warming centers.

February 15-16 25-008 Severe Weather Statewide: WebEOC and weather updates checked to stay informed.

February 18-21 25-009 Winter Weather Statewide: WebEOC and weather updates checked to stay informed. Monitored the opening and closing of 15 warming centers in 8 different parishes over the duration of the event. EP worked with the American Red Cross to coordinate support efforts in these warming centers.

March 14-15 25-010 Severe Weather Statewide: WebEOC and weather updates checked to stay informed.

D. TRAINING PLAN: The Department of Children and Family Services (DCFS) and its partners support staff development and provide child welfare learning and development supporting the goals and objectives of the 2025-2029 Child and Family Services Plan (CFSP). The training and staff development plan addresses Title IV-B programs and Title IV-E requirements and other training needs, objectives, and initiatives reflecting the ever-changing nature of staff learning and development. The training plan is based on providing legally required and priority child welfare learning and development based on feedback and input from staff, university partners, foster parents, adoptive parents, and other stakeholders.

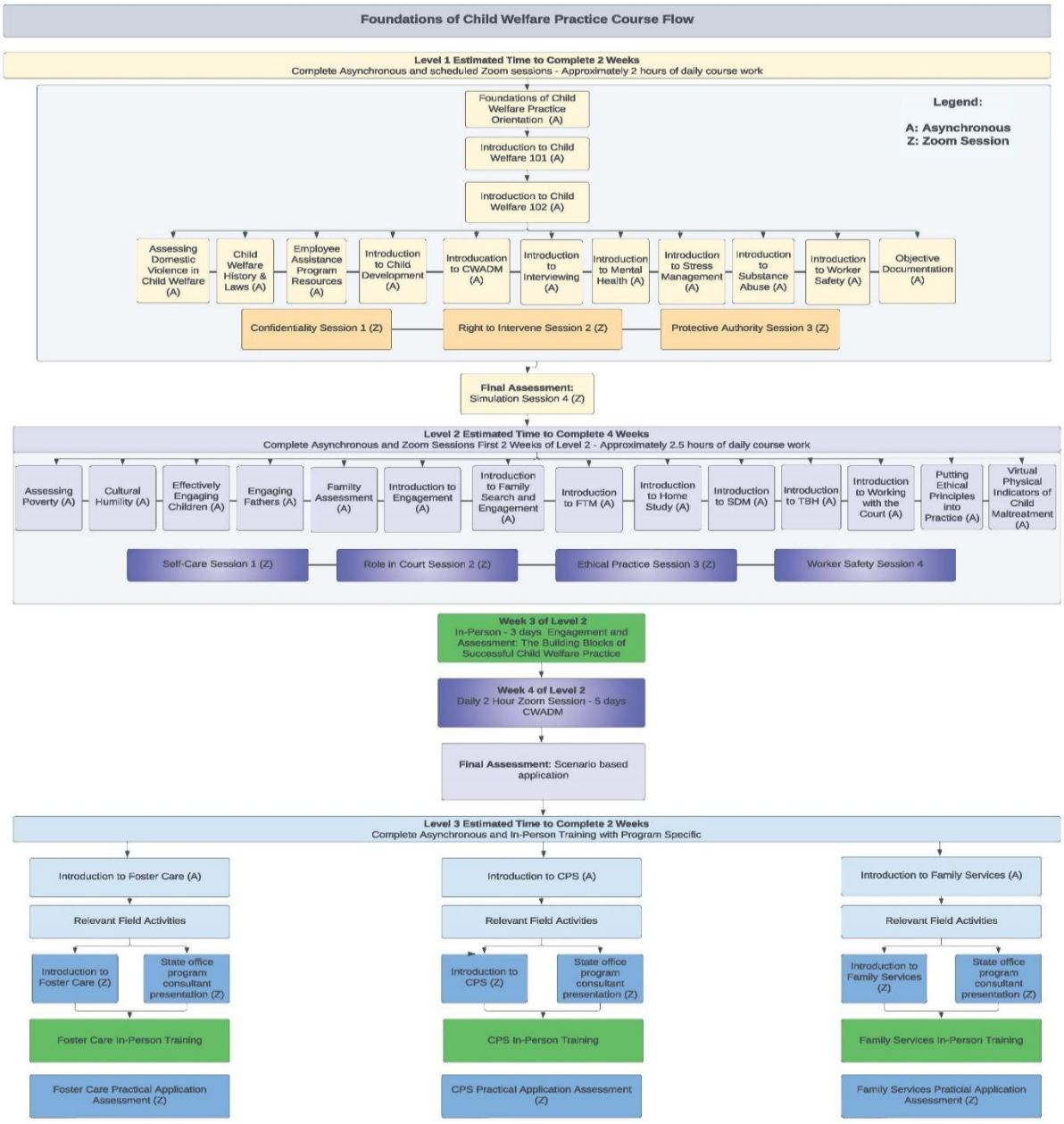
The Louisiana Department of Children and Family Services (DCFS) is committed to supporting a competent, stable workforce. Through the Louisiana Child Welfare Training Academy (LCWTA) strategic partnership (involving the DCFS, the Louisiana Universities Alliance, and the Pelican Center for Children and Families), Louisiana continues to expand the resources available to support child welfare training and workforce development. The LCWTA is committed to aligning and maximizing human, fiscal, technological, and programmatic resources to support high quality training and professional development of students, staff, foster and adoptive parents, providers, legal stakeholders, and other key community partners and working closely with DCFS staff to advance critical child-welfare workforce investments. This includes supporting initial and on-going training and professional development of the DCFS child welfare staff and foster and adoptive parents/providers as well as expanding training and professional development opportunities for legal stakeholders and other key partners.

The mission of the LCWTA strategic partnership is to work collaboratively to strengthen the recruitment, learning & development, and retention of child welfare professionals to support the achievement of safety, permanency and well-being of children and families in Louisiana. The vision is to cultivate excellence in child welfare through competent, qualified, dedicated, and supported child welfare professionals, who in partnership with families and communities, will transform the system and achieve outcomes supporting thriving children and families.

The goals are carried out within the five Arcs of Success that include Outstanding Customer Service; Impressive Delivery of Training and Expansion of Learning/Learning Opportunities; Measuring and Communicating Outcomes; Blending/Merging Functions within the LCWTA/University Alliance Partnership; and Fiscal Responsibility. A dynamic strategic plan guides the implementation of the goals.

This training plan is supported by the use of child welfare learning and development consultants/trainers, university partners and other stakeholders. The Department utilizes Titles IV-E and IV-B funding, Title XX-Social Services Block Grant (SSBG), CIP and CAPTA funds for allowable training and administrative costs. The non-federal match includes state general funds provided by the DCFS and the Universities Alliance and general fund supported costs of trainers and trainees provided by public agencies other than DCFS. Full implementation of this plan is contingent upon funding and resources.

Initial Staff Training: All new DCFS child welfare employees are required by law to complete a minimum of 64 hours of training in the first year and 32 hours of training in years 2 and 3 of employment. All new DCFS Child Welfare employees in all child welfare programs, including any new staff in Child Protective Services, Family Services, Foster Care, Home Development, Recruitment, Adoptions, Centralized Intake etc., are assigned to Foundations of Child Welfare Practice cohorts and an On the Job Trainer upon notice of hire from the human resources section. The On the Job Trainer meets with and begins working with the new staff within the first week to two weeks of notification of new staff coming on board. New staff also begin completing required state and departmental training outside of child welfare. New child welfare staff are enrolled in and can begin accessing asynchronous courses in Foundations of Child Welfare Practice Level I.



Foundations of Child Welfare Practice includes multiple levels of learning and development over the first three years of a child welfare professional's employment. Foundations of Child Welfare Practice Levels I through III, as outlined below, provides necessary learning and development opportunities to prepare new child welfare staff for the assumption of case responsibility. Levels I-III are completed within the first 9-12 weeks of employment and training begins shortly after hire. Levels I-III are designed to fulfill minimum statutory and policy requirements. On the Job Training Program (OTJT) support is provided to all new child welfare professionals, including transfers into new programs, throughout their first six months to one year of employment.

On The Job Training Timeline

(Flexible and Fluid based on the need of the new worker)

Graduation							Graduation
4th Module (~4 weeks) One Month after 6 months of Experience=Full Case Load Ready	Moving in the Right Direction!!!					Full Caseload	
3rd Module (~8 weeks) Score 50% to begin this module to begin to work independently				New Worker Limited Case Assignment			
2nd Module		Foundations Level 3	First Case Low Complexity/Priority Assignment				
1st Module	Job Shadowing	Foundations Level 1	Foundations Level 2				
Evaluations							Final
Readiness Assessment			End of 2nd Module Must be 50% to proceed				Final Must be 75%
Knowledge Assessment	Pre		End of 2nd Module (Only if Pre was below 65%)				Final
Shadowing Logs	Shadowing and Logging Observations	Courtesy/Case Assistant					
Enrichments							
	1 Month	2 Month	3 Month	4 Month	5 Month	6 Month	7 Month	8 Month

CHILD WELFARE LEARNING & DEVELOPMENT

Year 1 Timeline for New Child Welfare Professionals

Training Program 1 2 3 4 5 6 7 8 9 10 11 12

OTJT Module 1 ~2 Months

To prepare the employee for access to computer systems and policy; Shadowing experiences; Follow up with learning from Foundations Level 1 and 2 and to assist with concepts and understanding.

Foundations Level 1 2 Weeks

DCFS mission, vision, values, and principles of practice, confidentiality, professionalism, right to intervene, full disclosure, worker safety, child welfare ethics, domestic violence, child welfare history and laws, substance use disorders, mental health disorders, objective documentation, interviewing skills, stress management, child development, employee assistance program resources for staff, protective authority as it relates to the child welfare field, and the Child Welfare Assessment and Decision Making Model. Workers get opportunities to apply knowledge through field experiences and a simulation experience.

Foundations Level 2 4 Weeks

Engagement, assessment, family search and engagement, family team meetings, home studies, structured decision making, trauma and the trauma behavioral health screen, physical indicators of child maltreatment, working with the court, child welfare ethics, and self-care. Workers get opportunities to apply knowledge through field experiences and a scenario based application.

Foundations Level 3 2 Weeks

The focus of this training is to understand and apply the concepts and principles of each program area combined with the principles of the Child Welfare Assessment and Decision Making model, risk assessment and safety planning. The ultimate goal is working with families to ensure the safety of their children while utilizing DCFS policy and best practice efforts that encompass an approach of child-centered family focused practice.

OTJT Module 2 ~2 Months

Ensure transfer of learning from Foundations Level 3, in conjunction with Courtesy or case Related activities assignment; followed by training on the job case related activities for the first case assignments with low complexity.

Foundations Level 4 Within the First Year of Employment

Opportunities to gain deeper knowledge and skills in the areas of: Physical Indicators of Child Maltreatment, In Home Safety Plans, CWADM/FORECAST Trauma Informed Care, Legal/Courtroom Simulation, Substance Use in Child Welfare, Planful Transitions, Human Trafficking

OTJT Module 3 ~8 Weeks

OTJT role will shift from a trainer to a coach. The OTJT follows 2 cases with the new worker for about 8 weeks to ensure they are able to observe the new worker on how the worker manages and works a case to ensure that proper understanding the steps of the case.

OTJT Module 4 ~4 Weeks

OTJT role will shift again to more of a Case Reviewer. Auditing the workers cases and providing feedback.

Ongoing Staff Training: All DCFS CW employees are required to complete 20 hours of in-service training annually. In-service training hours are currently documented within a state fiscal year, which runs from July 1 through June 30. There is a wide array of courses and programs available to current child welfare employees. Please see Appendix B for a list of courses. Overall programs/pathways include additional levels/components in Foundations of Child Welfare Practice, programs for new and experienced supervisors, including the New Supervisors Capacity Building Program and the Advanced Supervisory Leadership Skills Certificate Program available through Grambling State University and the LCWTA strategic Partnership, and a new Emerging Leaders Program for Child Welfare Specialist 3's. It also includes courses/programs for child welfare clerical and administrative staff, team specialists, and child welfare managers, contingent upon resources being available for full implementation.

Child Welfare Scholar Program: The Child Welfare Scholar Program recruits and prepares student scholars for employment as child welfare professionals. It also supports current child welfare professionals in attaining their master's in social work from partner public university schools of social work. The program is a vital recruitment and retention strategy alongside advancing the learning and development of child welfare professionals in the state.

Foster and Adoptive Parent Training: New foster and adoptive parents must complete pre-service training to become certified. Regular foster parents complete "A Journey Home Pre-Service" consisting of eight live online sessions and six self-paced mandatory on-line classes (CPR Refresher, Car Seat Safety, Foster Parent Roles and Responsibilities, Mandatory Reporter Training, Medication Management, and Safe Sleep). Relative/ Kinship families complete a shortened version of the A Journey Home training called A Journey Home Kinship Pre-Service training, which they complete in a 3.5 hour in-person session (in accordance with federal rules allowing states to expedite relative caregiver certification). The foster caregiver pre-certification training model was developed specifically for Louisiana through collaboration with AECF and Texas Christian University Child Development Center. It incorporates components of Quality Parenting training and Trust-Based Relational Intervention training (TBRI). Beginning in June 2025, the foster adoptive parent pre-service curriculum will be evolving and will have a new name. Once foster/adoptive parents complete all pre-certification training and are certified, they are required to complete 15 hours of ongoing training per year to maintain certification.

Methods to Measure/Outcome Measures: All courses/programs include pre and posttest measures along with participant feedback tools. Some courses include additional measurement rubrics/tools designed to provide meaningful feedback to learners and to support effective application and transfer of learning. Plans for enhancing available data, evaluation, and CQI are underway in core focus areas including preparation of new child welfare professionals, preparation of child welfare supervisors and partnership with them in preparing new child welfare professionals and testing of multi-level CPS safety assessment capacity building in Baton Rouge Region. University partners are involved in these efforts alongside DCFS staff. Leaders in the partnership are actively working to align and invest resources to expand evaluative capacity in the upcoming year. Please see further discussion under Objective 3 of the Infrastructure Goal. The team also works with DCFS Child Welfare CQI/Data team members to examine trends and impacts on practice and outcomes.

The new learning management system implemented July 1, 2024 includes a new interface with the DCFS Human Resource system that offers enhanced capacity to support learner development over

time as well as more robust means of examining variables impacting it. With university support, additional tools and templates will be developed to measure and support consistency in learning experiences across trainers/facilitators as well as competency development over time. In addition, through university partnership support, semiannual stay interviews will be completed to further examine variables impacting retention.

To meet new U.S. Children's Bureau expectations relating to tracking when new child welfare professionals receive their first case, the OTJT program has begun manually tracking when new child welfare professionals receive their first case based on staff self-reporting. After extensive consultation, it was determined that DCFS' current information systems cannot provide that information. Further refinement of the processes for tracking, validating, and reporting case assignment information in partnership with field leadership and supervisors is expected over the upcoming year.

Case Assignment Readiness Tracking: At this time, the DCFS does not have an automated information system for tracking when a worker gets assigned their first case. After research of the current data systems, it was learned that all tracking as it relates to workers receiving cases are tracked through the cases themselves, not the workers individually. To meet new U.S. Children's Bureau expectations relating to tracking when new child welfare staff receive case assignments consistent with applicable law/policy and their preparation/readiness, the OTJT program implemented a self-report measure to document the date when workers were assigned their first case. This information was then matched with learning record data from the child welfare learning management system to determine if workers had completed the required foundational training prior to case assignment.

Of the data collected, 46 records were identified that contained both a self-reported first case assignment date and corresponding training completion records. Among these, 42 workers (91.3%) met the expectation of completing either Foundations Level II or, in earlier cases, New Worker Orientation Week 2, before being assigned a case. Four workers (8.7%) appeared not to meet the expectation; however, one of these cases involved a discrepancy of just one day and may not represent a true instance of early case assignment.

These preliminary findings suggest that, in general, new staff are being assigned cases that are in alignment with current minimum child welfare learning and development requirements. It is important to note that these preliminary findings are based on a limited data set that OTJT were able to capture once DCFS realized there was not an automated mechanism in place to capture the information. It is also important to note that the current data is based on a self-report measure. Further refinement of the processes for OTJT to manually track, validate, and report accurate case assignment information in collaboration with regional and state child welfare leadership is expected over the upcoming year. This collaboration will be essential to establishing a standardized process for collecting this required data, providing for more consistent monitoring, and inform policy and practice.

Goals and Activities: Year 1 Updates and Year 2 Planned Activities

GOAL - University Based Recruitment and Retention: Recruit competent, dedicated child welfare professionals and support their retention

University Based Recruitment and Retention Update FFY 2025: Over the first year of the current 5-year plan, the Title IV-E Child Welfare Scholars Program has made significant progress in expanding university-based recruitment and retention efforts across Louisiana. Through targeted recruitment strategies and collaborative university partnerships, the program has strengthened the child welfare workforce pipeline while supporting scholar success.

As of May 2025, a total of 71 student scholars were recruited over two academic years (Annual Year-AY 2023–2024 and AY 2024–2025), with 49 having completed their program and 46 (93.9%) hired or retained in child welfare roles. Early recruitment figures for AY 2025–2026 show strong momentum, with 26 accepted and an additional 10 in advanced stages of the application process. In parallel, the employee scholar initiative has seen strong retention outcomes, with a 91.3% retention rate for cohorts from AY 2020–2021 through AY 2023–2024.

To enhance awareness and accessibility, the program launched a multi-channel marketing campaign in March 2025, using social media (Facebook, Instagram, LinkedIn), updated branding materials, and QR code-enabled recruitment systems piloted through Monday.com. These tools have generated 226 new prospective student leads, with direct tracking leading to multiple confirmed applicants for AY 2025–2026.

Early progress has also been made in interdisciplinary recruitment. NSULA has secured five IV-E spots for Psychology students, with other universities exploring similar collaborations with programs in Child and Family Studies, General Studies, and Interdisciplinary Studies. While formalized partnership agreements are still in development, these emerging pathways reflect strong local relationship-building and an evolving recruitment model. Efforts have also included representation at career fairs and targeted outreach to faculty and career services offices.

In terms of program development, groundwork has been laid for future mentorship programming, although implementation has been delayed due to competing priorities. Peer and faculty mentorship models are being explored alongside potential integration with the DCFS supervisory structures and alumni networks.

Program retention has remained strong, and ongoing scholar feedback and evaluation systems are being developed to support continuous improvement. Updated training, onboarding, and orientation materials are also being designed to enhance field placement readiness and professional development for scholars across disciplines.

Student Scholar Recruitment and Retention Data			
Academic Year	**Recruitment Total**	**Completed/Graduated**	**Total Hired/Retained (%)**
2023-2024	34	34	31 of 34 (91.18%)
2024-2025	37	15*	15 of 15 (100%)

2025-2026*	**Total: 26** 6 applied 9 in interview 1 final review 10 accepted for AY 25-26	Update in May 2026	Update in May 2026

*data reported as of 5/6/202. 22 scholars graduate in May of 2025.

Employee Scholar Recruitment and Retention Data		
Academic Year	**Recruitment Total**	**Total Retained (%)**
2019-2020	14	10 (71%)
2020-2021	7	7 (100%
2021-2022	9	7 (77.78%)
2022-2023	9	9 (100%)
2023-2024	6	6 (100%)
2024-2025*	4	N/A

*As of May 2025

Year 1 Updates:

1. Increase awareness and interest in the Title IV-E Child Welfare University Program among undergraduate students majoring in relevant fields (e.g., social work, child and family studies, psychology) by 20% (or 10 -15 students) within the next 5 years.
    - Develop and launch targeted marketing campaigns on college campuses and social media platforms to promote the program.
    - Host informational sessions and workshops for undergraduate students to learn about the benefits and opportunities offered by the Title IV-E program.
    - Establish partnerships with college advisors and faculty members to facilitate referrals and recommendations for potential applicants.

Status:

1. The DCFS is currently developing a tracking system to capture all leads/interests in monday.com.
2. Currently developing a marketing campaign with timelines and templates. Also currently developing a webpage on LCWTA's website that can be linked by all the universities. This will provide a centralized location for accurate info on the program. Rollout occurred in March of 2025 and updates are ongoing.
3. Each university had at least one informational session during the Fall semester.
4. Reached out to every career center on each of the eight campuses (as well as ULL and LSUS and McNeese) to increase awareness for the Title IV-E Child Welfare University Program. ULM and Northwestern career center responded.
5. NSULA's coordinator worked with contractors with LCWTA to create a recruitment system on Monday.com. While this board is being piloted at one university, it will be expanded to all universities in the Fall of 2025. The new system has been used to provide leads on 226 potential new social work students using QR codes and other methods

available through technology. This has resulted in the coordinator being able to track communications with students. Three (3) of the NSULA students who were recruited at an interest level have gone on to apply as a scholar in the Fall of 2025, with three others later identified as not interested after communications with students. The marketing plan began the rollout in March of 2025. Three social media platforms (Facebook, Instagram, and LinkedIn are being used to push updates and recruitment events to students and professionals across Louisiana and the nation. Posts have resulted in views by 995 individuals (impressions) with the majority being outside of existing scholars and staff.

6. Establish partnerships with local colleges and universities to promote the Title IV-E program as a pathway to a career in child welfare, aiming to increase the number of applicants by 15% over the next two years.
    - Identify and initiate discussions with key stakeholders at local colleges and universities to explore collaboration opportunities.
    - Develop formal partnership agreements outlining mutual commitments and responsibilities.
    - Implement outreach activities, such as guest lectures, career fairs, and campus visits, to engage students and encourage them to apply for the program.

Status: Starting in the Fall of 2025, NSU is partnering with the Psychology Department to offer 5 spots to Psychology students. NSU is also exploring the possibility of doing the same for Child and Family Studies next Spring. Southern is talking with their Child and Family Studies department, Grambling is working with General Studies, and SUNO is working with interdisciplinary studies. At this time, the partnership agreements are not formal as relationships are developing. A template based on the existing contract will be utilized. This template will be shared with all the university partners. The need for a formal contract depends on the partnership context. The DCFS's Title IV-E Liaison attended a job fair at the University of Louisiana at Lafayette during the Fall 2024 semester and made 21 contacts.

Planned Activities:

Intermediate Goals (Years 2 and 3):

1. Develop targeted marketing materials and campaigns to attract a broad pool of applicants for the Title IV-E program, with an emphasis on increasing awareness and participation among students in academic disciplines and geographic areas aligned with the hiring priorities of the department.
    - Conduct research and gather feedback to identify common barriers students may face in pursuing higher education and entering careers in child welfare.
    - Tailor marketing materials and messaging to reflect the professional values and opportunities within the child welfare field, emphasizing the program's alignment with the department's workforce development goals.
    - Implement outreach strategies focused on reaching students in regions with the greatest need for child welfare professionals, in support of the department's long-term hiring strategies.

2. Implement a mentorship program within the Title IV-E Child Welfare University Program, matching each scholar with an experienced child welfare professional to provide support and guidance throughout their educational journey and into their careers.
    - Develop guidelines and procedures for mentorship program participation, including criteria for mentor and mentee selection, expectations, and communication protocols.

- Recruit and train mentors from within the child welfare field, ensuring they possess the necessary skills and experience to support and mentor program participants.
- Facilitate mentor-mentee matches based on compatibility, interests, and career goals, and provide ongoing support and resources to participants throughout the mentorship relationship.

Update: Marketing materials have been developed and disseminated to attract students from disciplines outside of social work, such as psychology and child and family studies, in an effort to build a larger multidisciplinary pipeline into the child welfare workforce. These efforts reflect a shift toward broader university-based recruitment strategies that support workforce development goals. Marketing items include targeted flyers for a variety of disciplines (beyond just social work), branded t-shirts and polos, updated signs and banners, as well as digital content uploaded to the new LCWTA website and on social media.

While initial planning for a mentorship program was discussed, implementation has been delayed due to time constraints and competing program priorities. The mentorship initiative remains a long-term goal, and future efforts will focus on building infrastructure and identifying sustainable models for supporting scholar mentorship within the Title IV-E program.

Revised Planned Activities: University-Based Recruitment and Retention

- **Continue to expand targeted marketing and outreach efforts** to increase visibility of the Title IV-E Child Welfare University Program among undergraduate and graduate students in relevant fields (e.g., social work, psychology, child and family studies), with specific efforts to recruit students from all areas of the state.
- **Utilize social media, campus presentations, and student ambassadors** to promote the program's benefits, including financial support, training opportunities, and career pathways in child welfare.
- **Partner with faculty, advisors, and career services** across multiple disciplines to identify and refer potential candidates, building interest in child welfare careers across traditional and non-traditional majors.
- **Launch focus groups or structured interviews with current and past scholars** to better understand barriers to participation, retention, and field placement satisfaction for a representative cross section of scholars.
- **Refine mentorship efforts** by piloting peer and faculty/staff mentorship initiatives, while exploring opportunities for mentorship through existing DCFS supervisory structures and alumni engagement.
- **Develop and implement streamlined scholar orientation models**, including targeted pre-placement training and support sessions that integrate both academic and workforce expectations.
- **Continue efforts to expand interdisciplinary participation** in the Title IV-E program, growing the number of candidates through outreach to psychology, counseling, and family studies departments.

Long-Term Goals (Years 4 and 5):

1. Enhance professional development opportunities for current Title IV-E scholars by offering specialized training workshops, conferences, and networking events focused on skill-building and career advancement within the child welfare field.

- Identify relevant training topics and areas for skill development based on industry trends, emerging issues, and feedback from program participants.
- Collaborate with industry partners, professional organizations, and subject matter experts to design and deliver high-quality training programs and events.
- Evaluate the effectiveness of professional development activities through participant feedback surveys, program evaluations, and outcome assessments.

2. Conduct regular surveys and feedback sessions with Title IV-E scholars to assess their satisfaction with the program and identify areas for improvement, with the aim of maintaining a retention rate of 90% or higher over the next five years.
    - Develop survey instruments and data collection tools to gather feedback from program participants on their experiences, needs, and challenges.
    - Implement a systematic process for collecting and analyzing survey data, including regular check-ins and follow-up communications with program participants.
    - Use feedback and insights gathered from surveys to inform programmatic adjustments, enhancements, and improvements aimed at increasing participant satisfaction and retention rates.

As the program enters Years 2, 3, 4, and 5, efforts will shift toward strengthening interdisciplinary pipelines, expanding professional development opportunities, and deepening understanding of scholar needs through structured feedback loops and retention data. These actions support the overarching goal of developing a diverse, well-prepared, and committed child welfare workforce in Louisiana.

GOAL - Learning: Offer comprehensive, quality child welfare learning opportunities.

Learning Update FFY 2025: Multiple child welfare learning and development programs are being implemented this year to meet the needs of child welfare professionals at multiple levels. This includes the Foundations of Child Welfare Practice Levels I-III ("Foundations") and OTJT Program for new child welfare professionals and program transfers, Supervisors Support and Capacity Building Program for new child welfare supervisors, and the new Emerging Leaders Program for Child Welfare Specialist IIIs. Additional Foundations Level IV courses that are open to new and more tenured child welfare professionals have been implemented including Physical Indicators of Child Maltreatment, Courtroom Simulation, Planful Transitions, Child Passenger Safety, and FORECAST Trauma Informed Simulation. Additional supervisory training, coaching and mentoring is being provided to meet regional and state needs.

Initial staff training is anchored in core competencies and applied learning through case activities. There are demonstrations of foundational competencies that are assessed at Levels I-III of Foundations as well as OTJT. Staff must demonstrate a sufficient level of competency before advancing to each subsequent level that is tracked and monitored. Through on the job trainer assessments and observations of the staff's workflow the team is also measuring how new child welfare professionals' are applying what they are learning. OTJT has also developed a mechanism to begin tracking when new staff receive their first case and have data from April 1, 2024 going forward.

Additional courses under development and/or being implemented in the second half of the current state fiscal year include Worker Safety, Substance Use and Child Welfare, Quality Family Visits, and Domestic Violence and Child Welfare. A multi-pronged Safety Assessment Capacity Building

Program for Child Welfare Supervisors and Managers has been developed and is currently being implemented in the Baton Rouge Region in close collaboration with regional leadership. Southeastern University is leading the design and implementation of an evaluation to inform implementation as well as impact. This includes the development of a logic model that defines and measures core intervention components to support the change process and inform future implementation in additional areas of the state.

As an addition to CWADM training, In-Home Safety Planning Part I training has been provided in each region of the state. A seasoned team of child welfare professionals have been conducting Safety Plan reviews as part of the training. Those reviews have revealed that there are a low number of safety plans in ACESS and those that are there are either par or sub-par. The team has determined from pre and posttest evaluations from initial and follow up training that staff have comprehension and understanding of what a Safety Plan should look like and the necessary components. However, there remains a significant gap in actual practice. To address this gap, the team has developed a new Part II plan to support transfer of learning and application. The new Part II is summarized below:

- Pull (by region) a set number of Safety Plans from ACESS and redact worker and family information.
- The redacted plans (only from their Region) would be the primary focus of Part II. Participants would (in small groups) discuss the Safety Plan and score it using the Training Rubric. The team would then debrief in the larger group.
- During Part II the team would have a visual display to calculate the areas that are missing most frequently and have a discussion about the barriers or reasons and troubleshooting how to move beyond the barriers.
- At the end of the session or on Day 2, the team would meet with Managers and Supervisors to develop a review plan to ensure accuracy in implementation of Safety Plans. Leadership at the regional and state level will commit to and be actively involved in supporting implementation and any necessary follow up that emerges.

The team completed the CFSR Statewide Assessment relating to the Staff and Provider Training System in Fall 2024. Please see the Staff and Provider Training Section of the Statewide Assessment for measures/outcomes relating to Initial Staff Training, On-Going Training, and Foster Caregivers/Other Providers. A key finding across the assessment is there is a gap between what people are learning and what is practiced in the field with the need to further develop supervisors and to strengthen the partnership with field supervisors, managers, and leaders in learning and development emerging as key focal points. The DCFS Child Welfare Learning and Development team are currently mapping out strategies for doing that through focused work groups to include child welfare learning and development team members as well as field supervisors, managers, and leaders. Key areas of work group focus include competencies and field experiences, specialized supervisor support and development, and continuing education. During FFY 2025, the Training Unit moved under Child Welfare Field services. This move offers the potential to strengthen the partnership and shared ownership of learning and development goals/outcomes.

<u>Year 1 Updates:</u> Develop a process and outcome evaluation plan of levels I-III of Foundations of Child Welfare Practice.

Status: An assessment of initial staff training was completed in Fall 2024 as part of the Louisiana CFSR Statewide Assessment. Leaders in the partnership are actively working to align and invest resources to expand evaluative capacity in the upcoming year in core focus areas including, among others, preparation of new child welfare professionals, preparation of child welfare supervisors and partnership with them in preparing new child welfare professionals and testing of multi-level CPS safety assessment capacity building in Baton Rouge Region. Please see further discussion under Objective 3 of the Infrastructure Goal.

Continue to analyze data from training activities for trends and needs.
Status: This has been identified as a high priority across the partnership with the leads in each area responsible for reviewing and refining data measures/sources and using them to inform learning and development programs and outcomes and being prepared to report on them.

Establish priorities to determine which learning and workforce development activities are possible with current resources.
Status: A Working Draft of Goals and Objectives relating to DCFS Child Welfare Staff Learning and Development has been shared to accompany the CFSP Goals and Objectives. Additional work is planned to review and affirm goals and objectives relating to foster caregivers and the Title IVE Scholar Program. Draft cost-benefit tools have been developed for review by team members. Mager and Pipe's Analyzing Performance Problems Flowchart and Checklist has also been shared as a tool for better analyzing and understanding identified performance discrepancies and means of addressing them.

Priorities for resource allocation are largely based upon goals and objectives and the most pressing problems and relevant issues that developed the previous year. Mandatory training requirements established by the federal level Children's Bureau and state level legislative mandates are always a main priority in resource allocation. A priority for 2024-25 has been the implementation of additional levels of the Foundation courses for New Workers.

LCWTA continues to prioritize the training that addresses deficiencies that have been identified through data analysis and feedback from the regions. For example, data have revealed that trainees are performing well on training post-tests that measure the percentage of learning that has taken place since a pre-test was administered on a particular topic. However, when the trainees attempt to implement what they have learned, the practice is not well supported at the regional level. This has led to a prioritization of supervisor coaching and extensive new worker support, beginning in the Baton Rouge region.

Because of the employee retention problem, there has been a prioritization on coaching and mentoring Supervisors and creating opportunities for earlier career staff to begin training in leadership. The Emerging Leaders Program consisting of six modules offered across a 6-month period of time was created to provide a foundation in leadership for more tenured employees serving in child welfare specialist 3 roles. The program is also designed to facilitate those employees being better prepared to move into supervisory roles through Supervisor Support and Capacity Building.

LCWTA is working on a model project with the Baton Rouge region and DCFS retiree contractors to provide extensive coaching and mentoring and data collection on the progress being made with retention and performance. If an effective model can be developed, it can be applied to other

regions. A related project is through the LSU School of Social Work who will analyze "Stay Interview" data with DCFS child welfare employees to identify possible reasons for staying, as opposed to leaving. Finally, NSU partners are working closely with OTJT on evaluative components of the program. By approaching the retention problem through these multiple levels of intervention and data gathering, our goal is to get a better understanding of the reasons DCFS employees leave, so the situation can be turned around, and performance can be enhanced.

LCWTA has also prioritized the implementation of Forecast - the Trauma Informed Care Model. Not only does this course teach the employees how to recognize, understand and prepare themselves for working with individuals with trauma, but it also helps them understand why the population we serve often responds the way they do. Forecast also helps staff make better decisions, leading to better outcomes. It also teaches DCFS employees to understand the personal impact of trauma in their own lives because of what they experience.

All of these efforts and activities have become major priorities to address worker retention and performance improvement, leading to better outcomes for the children and families served by DCFS.

Revise DCFS policy to reflect changes in learning and development activities as a result of the revised curriculum of Foundations of Child Welfare Practice series and statewide implementation of the On The Job Training program.
Status: Revisions to policy have been drafted and will be finalized for circulation within DCFS by the final quarter of the current SFY (July 1, 2024-June 30, 2025).

Review trainings determined to be mandatory and establish procedures to enforce the completion of mandatory trainings within the required timeframe.
Status: Child Welfare Learning and Development Programs for new child welfare professionals, including Foundations Levels I-III and OTJT, are clearly established as mandatory programs with robust tracking mechanisms in place to assure completion. The OTJT moved to statewide implementation this year with refinement of procedures accompanying the move.

The Supervisors Support and Capacity Building Program for new child welfare supervisors is also clearly established as a mandatory program. However, due to workload/caseload pressures, some new supervisors are struggling to consistently participate, elongating the time to completion of the program. The team will be working with child welfare leadership to address this concern.

Further review of courses/programs will occur over the next year to confirm current leadership priorities for mandatory completion. The new learning management system platform offers enhanced capacities to remind and reinforce expectations relating to completion of mandatory courses. Further discussion and planning will occur over the next year within the partnership as well as the DCFS to confirm the tools, processes, and communication channels to support this objective.

Develop Team Specialist learning track of Foundations of Child Welfare Practice levels 1-3 to meet their unique workforce development needs in summer 2024.
Status: The Team Specialist learning track has been developed and integrated into Foundations of Child Welfare Practice.

Assess the viability of offering select levels/content of Foundations of Child Welfare Practice to Title IV-E Scholars.
Status: Foundations Level 1 Pilot Feedback and Proposed Adjustments

Following the pilot of Foundations Level I training with student scholars in Fall 2024, both students and university coordinators offered feedback about the unique challenges of participation. Students consistently demonstrated competency in Level I simulations and course content, underscoring the value of the training. However, the structure—designed for full-time professionals—presented logistical challenges for undergraduate and graduate students who were balancing full course loads, field placements, family obligations, and, in many cases, part-time employment. The combination of asynchronous and synchronous components, while pedagogically solid, created scheduling conflicts that were difficult for many students to manage effectively. Coordinators, students, and current and former staff of DCFS collectively emphasized the need for flexibility in delivery, especially for full-time student learners who are preparing to enter, but are not yet part of, the full-time workforce. In response to this feedback—and in alignment with the objectives of DCFS—a proposal was made that beginning in the 2025–26 academic year, the University Alliance host a dedicated week-long intensive training session for student scholars. This adaptation will be created to align with Foundations content while allowing universities to structure learning in a mode that is more compatible with the academic and life demands of students. Our goal is to preserve the strengths of the existing training while accommodating needs and accessibility for emerging members of the child welfare workforce.

Review stay interview data obtained from new employees to inform learning and development strengths and needs, in a continuous improvement process.
Status: The DCFS is currently using two stay survey tools in order to understand the trends in the workforce. OTJT is using an instrument with their program participants. This survey will be analyzed every six months by NSULA Title IV-E Staff. Additionally, LSU has received IRB permission to complete a separate study of all DCFS staff using a tool utilized in multiple states. These surveys will be completed and analyzed on a bi-annual basis as well.

Implement On The Job Training program (OTJT) statewide.
Status: The On The Job Training program was implemented state-wide on July 1, 2024. From July 1, 2023 - September 30, 2024, 198 staff were enrolled in the program. Forty-one staff completed OTJT, 117 are still in progress, and 40 staff left the department during that time frame.

Incorporate problem-based learning and trauma-informed practice content in the On The Job Training program.
Status: Problem-based learning and trauma-informed practice has been integrated into On The Job Training. There is currently a certified FORECAST facilitator located in every region. OTJT is working contacting the regional Area Directors to begin scheduling sessions starting July 1, 2025.

Implement trauma-informed FORECAST simulation series.
Status: Trauma-Informed FORECAST simulation was implemented in the Baton Rouge Region with all child welfare staff, supervisors, and managers. Updates to the program are currently being made to lay the foundation for core components of the program via virtual sessions that prepare participants for a richer in-person simulation experience moving forward. The first session of the program updates began in May 2025.

Implement the Emerging Leaders Program for Child Welfare Specialist 3's.
Status: The first cohort of Emerging Leaders completed the program and graduated on February 19, 2025. The program was well received by the participating staff. Insights from initial implementation are being put together in a report. Post completion focus groups with those completing the program as well as with their supervisors/leaders are currently being planned.

Continue to implement the Supervisor Capacity Building and Support program.
Status: Implementation of the Supervisor Capacity Building and Support Program continues. There have been three cohorts of supervisors who have begun this program since July 1, 2024. There are 60 individuals enrolled in the program to date.

Learning Planned Activities FFY 2026:
Intermediate (Years 2 and 3):

- Develop and implement Level 4 of the Foundations of Child Welfare Practice series.
- Build out additional specialized tracks of Foundations of Child Welfare Practice levels 1-3 to meet the unique workforce development needs of each program/staff component.
    - Adoptions
    - Home Development
    - Recruiters
    - Parent Partners
- Develop Level 5 of the Foundations of Child Welfare Practice series.
- Continue to develop resources to support clerical/administrative support program staff.
- Assess learning and workforce development needs of current child welfare staff (those currently employed for more than 3 years) utilizing CQI and CFSR review data.
- Incorporate lived experience, family and youth voice into training experiences provided.
    - Contribute to the development and revision of curriculum
    - Participate in co-facilitating trainings provided/course offerings
    - Explore learning and workforce development evidence-based practices for collaboration and perspective sharing with all persons impacted by the child welfare system.
- Continue to integrate experiential based learning opportunities throughout all learning and development programs.

Long Term (Years 4 and 5):

- Develop Level 6 of the Foundations of Child Welfare Practice series.
- Develop learning and workforce development opportunities for experienced child welfare staff to support retention and needs (based on assessment completed).
- Establish and implement multi-disciplinary support of training:
    - Develop opportunities for University Alliance partners to co-train with DCFS Child Welfare staff (e.g. Foundations of Child Welfare Practice).
    - Explore the potential for University Alliance partners to develop and provide substance use disorder trainings.
    - Explore the potential for University Alliance partners to provide a medical professional to develop/revise curriculum and co-train Physical Indicators of Child Maltreatment.
- Develop curriculum series and/or certificate programs to address key practice areas that impact CFSR/CQI outcomes:
    - Substance use disorder series

    - Manager Capacity Building course
- LCWTA develop process and outcome evaluation plan for additional learning and workforce development activities/trainings.

GOAL - Learning and Development for training of Foster/Adoptive and Kinship Caregivers: Offer Quality Learning Opportunities

Foster/Adoptive and Kinship Caregivers Learning Update FFY 2025: The LCWTA supports the training of foster, adoptive and kinship caregivers through hosting synchronous and asynchronous training opportunities on the child welfare learning management system (LMS). Data collected in the LMS are reviewed and analyzed to inform training outcomes and future needs and directions. In 2024, a five-year learning and development plan for foster/adoptive and kinship caregivers was developed as part of the 2025-2029 CFSP. A central part of that plan is to develop a competency-based training model for foster/adoptive and kinship caregivers. Competency based training models are common in child welfare learning and development and are gaining increasing attention in caregiver preparation. The intent behind a competency-based model is to ensure foster caregivers have the knowledge and skills to provide care in increasingly complex cases.

Progress has been made towards the first step of developing a competency-based training model. An informal needs assessment conducted through participation in foster parent education panels and Foster Care Community Collaboratives has informed training needs as perceived by foster caregivers themselves. Foster/adoptive parents have expressed a need for training beyond direct care of children in their home and into the challenges inherent in working with the foster care system. For instance, many foster caregivers have expressed a need for training on the agency policies and processes for accessing resources for children in their care.

Course completion data and feedback provided through foster parent course evaluations is also analyzed to inform the training plan. For instance, virtual live training courses have not been well attended; it is typical for less than half of the foster caregivers who register for a live course to attend and complete the course. In review of this data, some virtual live courses are being converted to on-line asynchronous courses, enabling foster parents to obtain training when they are able to fit it into their schedules. LCWTA reviewed 23-24 live course training data for the most well attended courses such as “Helping the Grieving Child”, which had 79 course completions, and the TBRI four-part series which had 545 participant completions to develop a conversion from live to self-paced plan.

The LCWTA began delivering modified mini training/support sessions for foster parents virtually in 2024. Thus far, they are better attended than the three-hour virtual foster parent training sessions. Monitoring will continue. The LCWTA has also expanded offering training credit to foster caregivers who read selected educational books and complete the pre and post-test accompanying the book. During the 2023-24 year, 1119 enrolled in the Connected Child book course and 761 completed it and received training credit. New books added include “The Whole Brain Child” and “Smelly Melly”. Foster parents who select these training options receive a copy of the book as well as supplemental educational material. This data, along with ongoing analysis of course attendance and participant evaluations, are being used to inform future training development.

Goals in progress include mapping out learning pathways for foster/adoptive caregivers following precertification training, based on the expressed needs of foster/adoptive and kinship caregivers. A

competency model identified in the literature (Buehler, et al., 2006) * provides the framework and includes the following 12 training competency domains:

- providing a safe and secure environment;
- providing a nurturing environment;
- promoting educational attainment and success;
- meeting physical and mental healthcare needs;
- promoting social and emotional development;
- supporting children's cultural needs;
- supporting permanency planning;
- managing ambiguity and loss for the foster child and family;
- growing as a foster parent;
- managing the demands of fostering on personal and familial well-being;
- supporting relationships between children and their families;
- working as a team member.

Future work will include assessing the current on-line training courses available on the LMS and how they fit into the outlined competency domains, and identifying gaps where new courses are needed. A number of new training courses are in development and those will continue, including development of an on-line training on African American hair care, one on attachment and a series on Autism. The competency framework will also need to be built into the LMS for tracking purposes. In addition, work needs to be done around aligning the DCFS policies on foster parent training and the structure of training hour data tracking in the LMS. DCFS policy allows for a variety of activities to count toward foster parent training credit. Foster parents fill out a form and give it to their Home Development worker for activities outside the LMS, such as meeting with a child's therapist, local training opportunities, educational meetings with a foster care worker, or participating in a community event such as a foster parent appreciation event or a community collaborative. Data from July 1, 2023 - June 30, 2024 indicated that 79 foster parents reported training activities outside of Moodle for a total of 1,976 hours. The current data tracking process showed all this reported activity was from regions 8, 5, 7 and 2, and some of the items seemed to include training courses that are in the LMS.

*Buehler, C., Rhodes, K.W., Orme, J.G., & Cuddeback, G. (2006). The potential for successful family foster care: Conceptualizing competency domains for foster parents. *Child Welfare: Journal of Policy, Practice and Program, 85*, 523-558.

Year 1 Updates:

Short term (year 1):

- Conduct a statewide needs assessment with foster/adoptive caregivers for the purpose of updating the current foster parent training plan
- Match results from the needs assessment to foster/adoptive caregiver competencies to develop a competency-based model which fits with the specific needs of caregivers in Louisiana
- Complete a comprehensive review of the evaluation feedback from past foster parent training sessions to gain insight on what works and doesn't work for foster caregivers
- Map out learning pathways for foster/adoptive caregivers following precertification training, based on results from the needs assessment and promising practices in the field

- Pilot alternative training delivery methods that serve dual functions, such as mini training sessions with a built-in support group component
- Increase communication and collaboration with the Home Development Department
- Increase asynchronous training courses for foster/adoptive caregivers hosted on the LCWTA LMS
- Build on the course offerings developed for foster/adoptive caregivers that are designed for foster parents and the youth in their care to participate in together (using current courses as a model, including "Independent Living Skills" and "Art Projects that Heal"

A number of goals were developed for the 2025-2029 Child and Family Service Plan over the five-year period. The following goals were some of the year one goals that are still in progress, followed by those which have been accomplished.

Year one - 2025, and Year 2-3, Goals in Progress:

1. Participate in the design, development and/or implementation of a comprehensive child welfare training curriculum for Louisiana Foster/Adoptive/Kinship parents including in-service training and ongoing professional development.
2. Conduct a statewide needs assessment with foster/adoptive caregivers for the purpose of updating the current foster parent training plan then develop a competency-based model from the needs assessment data and review of evaluation feedback on current courses.
3. Map out learning pathways for foster/adoptive caregivers following precertification training based on the results of the needs assessment etc.

Status:

The following goals from Year one through year two to three have been achieved or partially achieved.

1. The LCWTA has increased communication and collaboration with the Home Development Department. This is an ongoing goal that is in progress. Home Development policies are under review, the LCWTA foster/adoptive parent training team plans to meet with Home Development staff to stay appraised of policy changes regarding foster parent training and modify or adjust the training plan to be in compliance with any policy changes.
2. The LCWTA has piloted alternative training delivery methods that serve dual functions; we have hosted virtual train and support sessions for foster parents that consist of 1 to 1 ½ hour zoom sessions with an educational component. Attendance is good at these sessions and foster parents have provided positive feedback. They will continue and the team will collect formal data for analysis.
3. The LCWTA is working on the development of additional asynchronous training courses for foster/adoptive parents. One course needed has been an asynchronous course specifically on attachment. We are currently creating an asynchronous course from a video of the Together We Can Conference training session: Healing Bonds: Fostering Attachment after Maltreatment. In addition, a number of the synchronous foster/adoptive training courses are in line to be converted to asynchronous training sessions, to include the series on development and Working with the Grieving Child.
4. One goal was to build on the synchronous course offerings developed for foster/adoptive caregivers that are designed for foster parents and youth to participate in together. A review and discussion with the trainers revealed that more could be done to encourage foster

caregivers to involve the youth in the training. The LCWTA team will work with the Digital Media Manager to market these courses to increase participation.

5. A final goal that was included in year 2-3 was to explore additional opportunities for foster/adoptive caregivers to obtain training credit through reading educational books (thereby catering to different learning styles). Progress has been made towards this goal with two new books being added to the training opportunities on Moodle, including "The Whole Brained Child" and "Smelly Melly". Foster parents are able to take a pretest and request the book, then read it and take the post test for credit. This goal was added after the LCWTA analyzed the large number of foster parents who were using "The Connected Child" book as an option for obtaining training credit.

Foster/Adoptive and Kinship Caregivers Learning Planned Activities FFY 2026:

Intermediate (year 2 and 3):

- Incorporate training courses that rely on those with lived experiences, including foster/adoptive caregivers and youth
- Explore additional opportunities for foster/adoptive caregivers to obtain training credit through reading educational books, thereby catering to different learning styles
- Implement a self-assessment tool foster caregivers could use to self-evaluate their ongoing training needs once they have completed the first 3 years of fostering learning pathways
- Explore the feasibility of incorporating outside learning opportunities such as those offered through the National Foster Parent Association through the LCWTA LMS

Long Term (4 to 5 years):

- Utilize a system of continuous feedback to routinely evaluate the ability of the LCWTA to meet the changing needs of foster/adoptive caregivers
- The feedback system captures new needs/trends as they arise so new course development can be initiated in a timely manner
- Develop a specific needs assessment for Kinship caregivers
- Develop learning pathways to meet the specific needs of Kinship caregivers
- Explore training possibilities which may be enabled by the Families First legislation, including training for birth parents.

GOAL - Infrastructure: Build capacity to effectively and efficiently fulfill the LCWTA University Alliance mission and goals. Continue to assess, align, strengthen and maximize human, technological, fiscal, and programmatic resources across the partnership to effectively and efficiently fulfill the mission, vision, and goals for the next 5 years.

Infrastructure Update FFY 2025: Progress was made in cultivating cross-organizational leadership and teams across the partnership and will continue to be a priority focus in the year ahead. The enhanced child welfare learning management system was implemented and will be an essential tool in advancing on-going learning and development in partnership with child welfare supervisors, managers, and leaders and in expanding evaluative capacity. Completion of the Statewide Assessment has crystallized the critical need for partnership with front-line supervisors, managers and leaders in supporting child welfare learning and development and application in practice. It has also crystallized the need to invest in additional evaluative expertise and capacity to support a focus on strengthening that partnership and the transfer of learning and application in

day-to-day practice within a system that continues to struggle with having sufficient staff resources and in need of timely insights to leaders always in motion.

Year 1 Updates:

Cultivate effective cross-organizational leadership and teams across the partnership.

Status: Leadership and Team principles were developed and reviewed. Quarterly LCWTA Strategic Partnership Review meetings were scheduled for the year to accompany other regular meetings. Cross-organizational teams completed the CFSR Statewide Assessment. Additional cross-organizational teams are working to expand facilitators/co facilitators and in some cases developers for priority courses/programs including Worker Safety, Substance Use and Child Welfare, Physical Indicators of Child Maltreatment. Cross-organizational teams support the implementation of multiple courses/programs including Emerging Leaders, Supervisors Support and Capacity Building, Courtroom Simulation, etc. Extensive training, coaching, mentoring, and evaluation resources are being invested in the Baton Rouge Region to support quality safety assessment, supervision, and leadership. A cross-organizational team is designing and implementing a plan for LCWTA/Southeastern to assume the lead responsibility for tracking and reporting child welfare training hours from multiple sources beginning July 1, 2025. Furthering effective cross-organizational leadership and teams will continue to be a priority focus.

Implement learning management system with enhanced capabilities to support learning and development over time and to generate more robust data to inform effective learning and development.

Status: An enhanced child welfare learning management system utilizing Moodle Workplace successfully launched in July of 2024. The site has proven to be more user friendly for end users and administrators/instructors. LCWTA/Southeastern has integrated Moodle Workplace with Zoho Analytics to more easily pull data such as enrollments, completions, pre and post-test scores, and course feedback survey data. Additional enhancements are anticipated as the system becomes the official repository of child welfare staff training hours beginning in state fiscal year 25/26. The core team managing the child welfare learning management platform meets regularly and works closely with the Moodle Workplace consultant. The team is dedicated to the experience of all learners in the system and works to respond to feedback from staff and stakeholders with timely solutions.

Align people, processes, and resources across the LCWTA strategic partnership to consistently measure, use, and share data and information to advance effective learning and development and to support overall functioning of Louisiana's Systemic Factor Staff and Provider Training

Status: The team completed the CFSR Statewide Assessment in Fall 2024. A key need identified in the assessment is to strengthen the partnership with field supervisors, managers and leaders in supporting learning and development and application in practice. This focuses on partnering and the transfer of learning and application in day-to-day practice within a system that continues to struggle with having sufficient staff resources requires time and investment in thoughtfully designing evaluation studies that consider these essential ingredients and can provide timely insights to leaders always in motion. To support that, leaders of the team are actively working to bring in additional evaluative expertise and capacity to work alongside the team and child welfare leaders to accomplish these goals. Further evaluative work is occurring led by team members involved in various components of the

partnership work, including the Title IVE Scholar Program, Southern University Simulation Project, Advanced Supervisory Leadership Certificate Program, Emerging Leaders Program etc. The alignment of people, processes, and resources across the partnership to consistently measure, use and share data and information to advance effective learning and development will continue to be a high priority.

Invest in the on-going professional development of team members to support high-quality learning and development programs through at a minimum quarterly team meeting.

Status: In person quarterly team meetings that include a focus on professional development are being held throughout the year. In addition, team members are outlining personal and team professional goals for the next year. Leaders will review resources available to support individual and team professional development investments over the next year.

Cross-train to expand team members' knowledge of Title IVE fiscal matters

Status: Title IV-E expert, Kay Casey, has trained the new Financial Manager at LCWTA/Southeastern and has also trained additional staff at Southeastern, the DCFS, and Northwestern on the Title IV-E reimbursement process and will be available to consult with them on any questions they have as they review cost reports and supporting documentation. Kay is also leading additional training and consultation work with the other universities that are part of the LCWTA University Alliance.

Update policies and procedures

Status: Learning management system policies and procedures were updated this year alongside implementation of the new child welfare learning management system. LCWTA/Southeastern invoicing policies and procedures were updated to require more detailed information on contract deliverables. DCFS is updating its policies on child welfare learning and development to reflect new programs and responsibilities and to facilitate shared understanding and investment in on-going child welfare learning and development.

Infrastructure Planned Activities FFY 2026:

Intermediate: (years 2 and 3)

- Continue to support utilization of technology resources and tools (e.g.H5P, AI, real time feedback tools, etc.) to support learning and development, data/CQI, collaboration, and effective and efficient operation of the partnership
- Cultivate strong partnerships in strategic areas, with high priority focus in the next year on: (1) front-line supervisors, managers, leaders to support effective transfer of learning and application in day to day practice; (2) foster caregiver and HD leaders to support implementation of the foster caregiver training plan; (3) DCFS CQI/Data Team leaders to inform practice trends/challenges and CFSR priorities and to be part of on-going evaluative team; and (4) the Pelican Center/Court Improvement Program relating to on-going implementation of the legal/courtroom simulation program and preparing for new 3 year contracting cycle beginning July 1, 2026. Other partnership areas include Kinship Support, CASA, Grandparents Raising Grandchildren, and Whole Health Louisiana.
- Develop a strategic communication plan to focus on marketing and communication planning and implementation in priority areas.

Long Term: (Years 4 and 5)

- Implement a strategic communication plan to focus on marketing and communication planning and implementation in priority areas
- Expand capacity of partners to conduct child welfare research and contribute to the field
- Expand funding sources

Community Partner Trainings: Various multi-disciplinary training courses are offered through partnerships across the child welfare continuum. This includes multi-disciplinary educational training for child welfare legal stakeholders as well as the DCFS staff and partners. Partners include the Pelican Center for Children and Families, universities, the La. Children's Trust Fund, the Office of Public Health, Louisiana CASA, and Louisiana CACs among others. Mandated reporter training is offered to mandated reporters and others statewide through the LCWTA Learning Management System.

The Department, in collaboration with the Louisiana Children's Justice Act Task Force, the Louisiana Court Improvement Program, the Pelican Center for Children and Families, the Louisiana Children's Trust Fund, the Louisiana Foster and Adoptive Parents Association and other stakeholders produce an annual interdisciplinary conference. The conference concentrates on key areas of CW practice involving the safety, permanency and well-being of children in or at risk of entering the foster care system. Title IV-E funds are utilized for this three-day annual training conference called *Together We Can* (TWC). The TWC conference focuses on providing continuing education for departmental staff, judges, children's attorneys, parents' attorneys, Court Appointed Special Advocates (CASA), foster parents, social workers and other key professionals who benefit from the interdisciplinary training.

Community Partner Trainings Update FFY 2025: The CIP through the Pelican Center provided both legal and interdisciplinary training and education programs and resources designed to improve the safety, permanency, and well-being of abused and neglected children in the state of Louisiana. Training opportunities provide CLE hours earned by attorneys and judges and CEU hours earned by social workers and other child welfare stakeholders.

The Pelican Center has remained a partner in the LCWTA. Through this sustained partnership, the Pelican Center has been able to act as a coordinator in providing multi-disciplinary educational training for child welfare legal stakeholders as well as the DCFS staff and partners. During FFY 2025, the Pelican Center facilitated 199 training opportunities, allowing 2,499 professionals to receive training resulting in 1,393.58 CLE hours earned by attorneys and judges.

The Pelican Center provided the following trainings: St. Tammany Parish Legal Stakeholder Collaborative Trainings; My Community Cares Civil Legal Network Trainings; CIP and Louisiana Tribal Child Welfare Programs Collaboration; ABA/Louisiana CINC Trial Skills Building Training for Attorneys; ABA/Louisiana CINC Trial Skills Building Training for Trainers; Title IV-E Claiming for Legal Representation Training; Title IV-E Mandated Timelines and Findings Trainings; Trust Based Relational Intervention (TBRI) Court Training; and CINC Courtroom Simulation Training for DCFS Staff.

The Pelican Center provided the following CIP Café's for judges and legal and child welfare stakeholders, which are one hour training environments held once a month: Faces Behind the Files;

Pathways to Permanency: Relative/Kin Certification & Guardianship; Legislative Updates; Objections!; Introduction to Department of Children and Family Services Due Process to Appeal Valid Findings of Abuse/Neglect; Drug Testing Explained; Foster Caregivers and the Child Welfare System: Understanding Their Role and Perspective; Civil Rights Protections for Persons with Disabilities Involved in Child Welfare; The Work of the Louisiana Child Ombudsman; Ethical Considerations for the Child Welfare Practitioner: What Would You Rather Do?; and A Deep Dive Into CASA; Delinquency and Child Welfare. The Pelican Center had 1,388 stakeholders that attended monthly CIP Cafés in FFY 2025.

Through the Children's Law Advocacy Online website (clarola.org) hosted by the Pelican Center, 41 online trainings were provided to child welfare and legal stakeholders on a variety of child welfare topics including: The Work of the Louisiana Child Ombudsman; Civil Legal Services To Prevent Removal And Support Families; Foster Caregivers and The Child Welfare System: Understanding Their Role and Perspective; Drug Testing Explained; Introduction To Department Of Children And Family Services Due Process To Appeal Valid Findings Of Abuse/Neglect; Objections!; 2024 Legislative Updates For Child Welfare Professionals; Pathways to Permanency: Relative/Kin Certification and Guardianship; Faces Behind the Files: Lived Experience within the Child Welfare System Faces Behind the Files; The Federal Child & Family Services Review (CFSR) of Louisiana: What You Should Know About It and Why It Is Important; Introduction To The Department Of Children And Family Services Secretary David N. Matlock; Disparities and Disproportionality in Child Welfare; Families in Need of Services (FINS): Families Learning to Help Themselves; Legislation And Service Provision For Child Sex Trafficking Victims In Louisiana; Legislative Updates for Child Welfare Stakeholders; Supporting the Educational Needs of Students in Foster Care: Laws and Services; The Interstate Compact on the Placement of Children (ICPC); Family Time (Visitation) in Child of Need Care Cases; Children Without Immigration Status; Do You Have a Problem? Can a Motion Solve That?; Reasonable Efforts: Overview of Law and Fiscal Implications; Guide to Legal Guardianship in Child in Need of Care Cases (CINC); The ABCs of FTMs, FTPs, FPTMs and More!; Placements Available for Children in Foster Care; Human Trafficking of Youth in Louisiana; Legal Professionalism in Practice; Avoiding Legal Ethical Pitfalls; Preparing Your Case for Court: Meeting Your Professional and Legal Obligation; What's New With Indian Child Welfare Act (ICWA)?; Louisiana's Extended Foster Care Program; 2022 Child Welfare Legislative Updates; LEAF Makes History in Louisiana: A Summary of the Foster Youth Bill of Rights; Parent Engagement, Support, And Advocacy: Insight From Peer Advocates With Lived Experience In Child Welfare; Act 6: Post-Placement Updates: In Private And Agency Adoptions; Louisiana CINC Benchbook: Introduction and Overview for Legal and Child Welfare Stakeholders; Qualified Residential Treatment Programs (QRTPs); and Mock Hearing Chapter 1, Mock Hearing Chapter 2, Mock Hearing Chapter 3, Mock Hearing Chapter 4, Mock Hearing Chapter 5, Mock Hearing Chapter 6.

Notably, the Pelican Center partnered with judges to provide courtroom simulation training to 281 individuals and 170 DCFS staff through its Child Welfare Courtroom Simulation Training in twelve jurisdictions. The Child Welfare Courtroom Simulation Training provided child welfare professionals with a realistic, hands-on experience in testifying during CINC hearings by conducting the training in actual courtrooms. This immersive approach allowed participants to practice testifying in CINC cases, enhancing their confidence, professionalism, and ability to meet judicial standards of practice. Additionally, professionals had the opportunity to interact with key courtroom stakeholders, including judges, helping them become more comfortable in the courtroom setting and fostering relationships that improve collaboration. Through direct feedback

and guided exercises, participants strengthened their ability to support decision-making in CINC cases and contributed to better safety, permanency, and well-being outcomes for children and families.

The Pelican Center co-hosted the annual, statewide Together We Can (TWC) Conference, a multi-disciplinary event educating hundreds of social workers, DCFS staff, attorneys, judges, educational leaders, CASA staff and volunteers, Child Advocacy Center staff, Multi-Disciplinary Teams (MDT), law enforcement, foster parents, counselors, faith-based leaders, and more. At this year's 22nd annual TWC Conference, 553 child welfare and legal stakeholders were in attendance, including a historic record of legal stakeholders in attendance. There were 54 training sessions provided at TWC on a variety of child welfare topics and 87 speakers. The Pelican Center funded the participation of twelve Louisiana child welfare attorneys and a parent advocate with lived experience in the child welfare system to attend the annual NACC Annual Conference.

The Pelican Center supported the following trainings, meetings, and conferences: Juvenile and Family Court Fall Conference; Juvenile and Family Court Spring Conference; City, Juvenile, and Family Court Judge's Fall Seminar; Louisiana Council of Juvenile and Family Court Judges (LCJFCJ) Joint and Independent Liaison Meetings; Mental Health Advocacy Services Conference; Louisiana Adoption Advisory Board, Inc. Conference; 2024 NJT Roundtable: Juvenile Delinquency and Child In Need of Care (CINC); Adolescence in Foster Care Summit; Eliminating Truancy: A New Perspective Conference; Annual CASA Conference; Louisiana Children's Trust Fund Child Abuse Prevention Conference; TBRI Monthly Trainings; Texas Mandatory Reporting Reform Conference; 2024 Louisiana Justice Community Conference; and APSAC (American Professional Society Abuse of Children) Colloquium.

The Pelican Center supported the Louisiana Children's Trust Fund Speaker Series, which included the following topics: Breaking The Cycle: The Intersection of Domestic Violence and Child Abuse; Identifying And Providing Mental Health Services for At-Risk Children**;** Legal Advocacy for Child Protection: Navigating the Law to Safeguard Children; Preventing Child Sexual Abuse: Strategies and Programs for Education, Awareness and Prevention; Mandated Reporting: Understanding Laws, Responsibilities, And Best Practices for Reporting Suspected Abuse & Neglect; Implementing Trauma-Informed Approaches in Schools, Healthcare, Judicial, And Community Services; Building Resilience in Children and Families: Techniques for Supporting Children and Families to Overcome Adversity; Community Engagement in Child Protection: Focusing on Mobilizing Community Resources; Teaching Children About Personal Safety: Empowering Them to Speak Up; Advocacy And Policy Development: Promoting Legislative Measures to Safeguard Children from Abuse & Neglect; Substance Abuse: Understanding Its Impact on Children and Families; Promoting Positive Discipline Techniques: Alternatives to Physical Punishment; Effective Communication Strategies for Talking to Children About Abuse; and Creating A Culture of Openness and Trust: Encouraging Family Dialogue About Difficult Topics.

Community Partner Trainings Planned Activities FFY 2026: The Pelican Center will offer the following training sessions in FFY 2026:

- A Deep Dive Into CASA: one-hour training session.
- ABA/Louisiana CINC Trial Skills Building Training for Attorneys: six-hour training session.

- ABA/Louisiana CINC Trial Skills Building Training for Trainers: six-hour training session.
- ABC's of FTMs, FPTs, FFTMs, and More: An Introduction to Meetings and Staffings Facilitated by DCFS Training: one-hour training session.
- Administrative Hearings Trainings: one-hour training session.
- Appellate Training for Judges: three-hour training session.
- Avoiding Legal Ethical Pitfalls Training: one-hour training session.
- Child First and Intercept: An Introduction to New Prevention Services Models Implemented by the Louisiana DCFS Training: one-hour training session.
- Child Welfare Courtroom Simulation Training: one-day training session.
- Children in Court Training: one-hour training session.
- Children Without Immigration Status Training: one-hour training session.
- Children's Attorney Training: one-day training session.
- CINC 101 for Judges Training: three to six-hour training session.
- CINC Benchbook, Benchcards, Court Reports and Orders Training: two-hour training session.
- CINC Benchmark Dates and Timeline Training: one-hour training session.
- CINC Courtroom Simulation Training for DCFS Staff: six-hour training session.
- CINC Training for Clerks of Court/Court Staff/Administration: one-hour training session.
- CINC Training for the Legislature: one-hour training session.
- CIP and Louisiana Tribal Child Welfare Programs Collaboration: one-hour training session.
- CIP Cafe's: monthly, one-hour training sessions.
- Civil Legal Services Training: one-hour training session.
- Civil Rights in Child Welfare Training: one-hour training session.
- Civil Rights Protections for Persons with Disabilities Involved in Child Welfare: one-hour training session.
- Court 101 - Intro to the Court System for Foster Caregivers: one-hour training session.
- Delinquency and Child Welfare Training: one-hour training session.
- Disparities and Disproportionality in Child Welfare Training: one-hour training session.
- Do You Have a Problem? Can a Motion Solve That?: one-hour training session.
- Due Process to Appeal Valid Findings of Abuse/Neglect: one-hour training session.
- Drug Screens Training: one-hour training session.
- Engagement Training: one-hour training session.
- Ethical Considerations for the Child Welfare Practitioner: one-hour training session.
- Extended Foster Care Training for Judges and Attorneys: one-hour training session.
- Faces Behind the Files: Lived Experience Within the Child Welfare Training: one-hour training session.
- Family First Prevention Services Act Training: one-hour training session.
- Family Time: Visitation in CINC Cases Training: one-hour training session.
- Families in Need of Services (FINS): Families Learning to Help Themselves Training: one-hour training session.
- Federal Child and Family Services Review (CFSR) Training: one-hour training session.
- Foster Caregivers and the Child Welfare System: Understanding Their Role and Perspective: one-hour training session.

- Foster Caregiver Progress Form: A How-to Tutorial: half-hour training session.
- Guardianship 101: An Introduction to Legal Guardianship in CINC Cases Training: one-hour training session.
- Human Trafficking of Youth in Louisiana Training: one-hour training session.
- Interstate Compact on the Placement of Children (ICPC): one-hour training session.
- Introduction to CINC for Judges: three-hour training session.
- Introduction to Child in Need of Care Law and Court Process: one-day training session.
- Introduction to the Department of Children and Family Services with Secretary David N. Matlock Training: one-hour training session.
- Kinship Caregiver Legal Training: one-hour training session.
- Louisiana District Attorney Association (LDAA) CINC, FINS, and Delinquency Training: twelve-hour training session.
- LDAA Support Staff Training: one-hour training session.
- LEAF Makes History in Louisiana: A Summary of the Foster Youth Bill of Rights Training: one-hour training session.
- Legal Professionalism in Practice Training: one-hour training session.
- Legislative Update Trainings: one-hour training session.
- Legislation and Service Provision for Child Sex Trafficking Victims in Louisiana: one-hour training session.
- Louisiana Children's Code Article 672.1 Training: one-hour training session.
- My Community Cares (MCC) Civil Legal Services Network Training: one-hour training session.
- Mental Health Training: one-hour training session.
- Mock Hearing Trainings: six-hour training sessions.
- Objections Training: one-hour training session.
- Parent CINC Training: two-hour training session.
- Parent Engagement, Support, and Advocacy: Insight from Peer Advocates with Lived Experience in Child Welfare Training: one-hour training session.
- Pathways to Permanency: Relative/Kin Certification & Guardianship: one-hour training session.
- Permanency Goals Training: one-hour training session.
- Placements Available for Children in Foster Care Training: one-hour training session.
- Planful Transitions Training: one-hour training session.
- Poverty in Child Welfare Training: one-hour training session.
- Preparing Your Case for Court Training: Meeting Your Professional and Legal Obligations Training: one-hour training session.
- Prevention Training: one-hour training session.
- Qualified Residential Treatment Programs (QRTPs) Training: one-hour training session.
- Readiness Meetings Training: one-hour training session.
- Reasonable Efforts: Overview of Law and Fiscal Implications Training: one-hour training session.
- Sibling Rights Training: one-hour training session.
- Staggered Dockets Training: one-hour training session.
- TBRI in the Courtroom Training: one-day training session.
- Title IV-E Claiming for Legal Representation Trainings: one-hour training sessions.

- Title IV-E Mandated Timelines and Findings Trainings: one-hour training sessions.
- Together We Can (TWC) Conference: an annual, three-day training series.
- Training sessions provided at: Juvenile and Family Court Judges Spring Conference, City, Juvenile, and Family Court Judges Seminar, Summer School for Judges, Fall Judges' Conference, Spring Judges' Conference, Juvenile and Family Court Judges' Executive Leadership Trainings, Political Economy and Access to Justice Judicial Education Seminar, Louisiana CASA Conference, Prevention: American Professional Society on the Abuse of Children (APSAC) Conference, Louisiana Children's Trust Fund (LCTF) Child Abuse Prevention Conference, LCTF Speaker Series Training Sessions, and City Court Judges Trainings.
- Trauma Informed Courtroom: one-hour training session.
- What's New in the Indian Child Welfare Act Training: one-hour training session.
- Work of the Louisiana Child Ombudsman: one-hour training session.

Methods to Measure/Outcome Measures: All courses/programs include pre and posttest measures along with participant feedback tools. Some courses include additional measurement rubrics/tools designed to provide meaningful feedback to learners and to support effective application and transfer of learning. Plans for enhancing available data, evaluation, and CQI are underway in core focus areas including preparation of new child welfare professionals, preparation of child welfare supervisors and partnership with them in preparing new child welfare professionals and testing of multi-level CPS safety assessment capacity building in Baton Rouge Region. University partners are involved in these efforts alongside DCFS staff. Leaders in the partnership are actively working to align and invest resources to expand evaluative capacity in the upcoming year. Please see further discussion under Objective 3 of the Infrastructure Goal. The team also works with DCFS Child Welfare CQI/Data team members to examine trends and impacts on practice and outcomes.

The new learning management system implemented July 1, 2024 includes a new interface with the DCFS Human Resource system that offers enhanced capacity to support learner development over time as well as more robust means of examining variables impacting it. With university support, additional tools and templates will be developed to measure and support consistency in learning experiences across trainers/facilitators as well as competency development over time. In addition, through university partnership support, semiannual stay interviews will be completed to further examine variables impacting retention.

To meet new U.S. Children's Bureau expectations relating to tracking when new child welfare professionals receive their first case, the OTJT program has begun manually tracking when new child welfare professionals receive their first case based on staff self-reporting. After extensive consultation, it was determined that DCFS' current information systems cannot provide that information. Further refinement of the processes for tracking, validating, and reporting case assignment information in partnership with field leadership and supervisors is expected over the upcoming year.

Collaboration with the Court Improvement Program (CIP) and Court Appointed Special Advocate (CASA): The CIP developed the Pelican Center mentioned above to encompass all CIP activities and provide formalized, interdisciplinary, and collaborative work agreements with the DCFS and other relevant CW stakeholders. Through the partnership with the DCFS and the

University Alliance described in and mentioned throughout the CFSP, all parties work together to develop and implement training and education of CW practitioners including children's and indigent parents' attorneys, judges, CASAs, and district attorneys. Primary focus of the CIP relates to improving the overall quality of safety decision-making by legal stakeholders, which includes judges, attorneys for all parties, district and agency attorneys.

Estimated Total Cost/Indication of Allowable Title IV-E Administration: Title IV-E and Title IV-B and Title XX (SSBG) funds are utilized for allowable training and administrative costs. The non-federal match includes state general funds and in-kind funds. The state's Cost Allocation Plan (CAP) identifies which costs are allocated and claimed under Title IV-E and other benefiting programs. A portion of training costs allocated to Title IV-E, IV-B and SSBG are based on a 100%-time study conducted by all Child Welfare (CW) Trainers. Each trainer accounts for all hours in the workweek, their activities, including training and training related work (i.e. course development, course updates and preparation), and enters the information into a database. The database, which was created to document and track training activities, contains all courses from the CW training curriculum and each course is coded with the appropriate funding source. Monthly reports are generated and submitted to budget and fiscal staff. Random Moment Sampling (RMS) procedures are in place and field staff are sampled on an ongoing basis. The process identifies activities the staff are engaged in, including training activities. Depending on the function being performed or the content being trained, the allowable federal funds are claimed. Training expenditures include travel, per diem, tuition, books and registration fees for trainers; salaries, fringe benefits, travel and per diem for staff development personnel assigned to training functions to the extent of time spent performing such functions; costs of space, postage, training supplies and purchase or development of training material.

Cost Allocation Methodology: The Department has exercised the provisions of the Social Security Act, Sections 474(a)(3)(A) and (B); 45 CFR 1356.60(b) and (c), 235.63-235.66(a) to make claims under Title IV-E at the 75% rate and, when appropriate at the 50% rate, for training (including both short-term training and long-term training at educational institutions, through state grants to the public institutions or by direct financial assistance to students enrolled in such institution) of personnel employed or preparing for employment by the state agency. The amount deemed claimable in IV-E is specified in individual contracts with the institutions and individuals.

Multiple considerations must be taken into account in supporting effective learning and development programs. Locations of in-person courses/programs may vary depending on access to appropriate space and supports as well as where participants are located. The average cost per person will vary based on lodging and meal allowances. The costs listed below were developed using the formula below and is applied to all child welfare-training courses.

Travel Costs: Travel and Training costs for FFY 2025, are as follows:

- **Lodging:** Average $146.50 (low for Tier I - $109.00 – high for Tier 2 - $184.00 per night excluding taxes and surcharge)
- **Meals:** Average of $69.00 per day; (Tier I - $64.00 per day; Tier II, including New Orleans - $74.00 per day.)
- **Trainees' workbooks**: Average cost $25.00 per workbook
- **DCFS Trainer Cost:** Average salary cost and benefits of $585.00 per day per trainer. Two trainers co-facilitate most courses bringing the average trainer cost to $1,170 per day.

- **Contract Trainer Cost:** Average of $650.00 per day. The Louisiana Child Welfare Training Academy (LCWTA) contracts with trainers at the following rates: $500.00 per day within their domicile. $750.00 per day outside of their domicile. This daily rate includes travel, consultations, and other expenses.
- **Training Site:** The figures below are based on a free centralized location (such as state office) therefore no facility fees are associated with the minimum and maximum costs.

***Note: The formulary (below) does not include trainees' salaries, mileage, parking, or telephone calls nor does it include trainer course development time, course update time or preparation time.*

- ***Minimum Cost:*** For training held at the state office/headquarters or a DCFS regional office with the minimum number of trainees (10) incurring costs of average lodging cost $146.50 + $69.00 for meals and $25/workbook = $2,405.00, per day ($240.50/trainee)
    - With one DCFS trainer: Salary $585.00 and travel per day $215.00 ($800.00) + $2,405.00 = $3,205.00 ($320.50/trainee)
    - With two DCFS trainers: Salary $1,170.00 and travel per day $430.00 ($1,600.00) + $2,405.00 = $4,005.00/day ($400.50/trainee)
    - With Contract Trainer ($500.00) + $2,405.00 = $2,905.00 ($290.50/trainee)
- ***Maximum Cost:*** For training held at the state office/headquarters or a regional office with the maximum number of trainees (30) incurring costs of average lodging cost $146.50 + $69.00 for meals and $25/workbook = $7,215.00 per day ($240.50/trainee)
    - With one DCFS trainer: Salary $585.00 and travel per day $215.00 ($800.00) + $7,215.00 = $6,682.50 ($222.75/trainee)
    - With two DCFS trainers: Salary $1,170.00 and travel per day $430.00 ($1,600.00) + $7,215.00 = $8,815.00 ($293.83/trainee)
    - With Contract Trainer ($750.00) + $7,215.00 = $7,965.00 ($265.50/trainee)

Pelican Center Cost Allocation Methodology: The Department has exercised the provisions of the Social Security Act, Sections 474(a)(3)(A) and (B); 45 CFR 1356.60(b) and (c), 235.63-235.66(a) to make claims under Title IV-E at the 75% rate and, when appropriate at the 50% rate, for training (including both short-term training and long-term training at educational institutions, through state grants to the public institutions or by direct financial assistance to students enrolled in such institution) of personnel employed or preparing for employment by the state agency. The amount deemed claimable in IV-E is specified in individual contracts with the institutions and individuals.

Budgetary impact is a primary consideration for training; therefore, trainings are provided throughout the state to mitigate the need for travel and lodging expenses for the trainees. The costs listed below were developed using the formula below and is applied to all Court Improvement Program training courses.

Travel Costs: Travel and Training costs for FFY 2025 are as follows:
- **Lodging:** Average $146.50 (low for Tier I - $109.00 – high for Tier 2 - $184.00 per night excluding taxes and surcharge)
- **Meals:** Average of $69.00 per day; (Tier I - $64.00 per day; Tier II, including New Orleans - $74.00 per day.)
- **Trainees' workbooks**: Average cost $25.00 per workbook
- **DCFS Trainer Cost:** Average salary cost and benefits of $585.00 per day per trainer. Two trainers co-facilitate most courses bringing the average trainer cost to $1,170 per day.

- **Contract Trainer Cost:** Average of $650.00 per day. The Louisiana Child Welfare Training Academy (LCWTA) contracts with trainers at the following rates: $500.00 per day within their domicile. $750.00 per day outside of their domicile. This daily rate includes travel, consultations, and other expenses.
- **Training Site:** The figures below are based on a free centralized location (such as state office) therefore no facility fees are associated with the minimum and maximum costs.

***Note: The formulary (below) does not include trainees' salaries, mileage, parking, or telephone calls nor does it include trainer course development time, course update time or preparation time.*

- ***Minimum Cost:*** For training held at the state office/headquarters or a DCFS regional office with the minimum number of trainees (10) incurring costs of average lodging cost $146.50 + $69.00 for meals and $25/workbook = $2,405.00, per day ($240.50/trainee)
    - With one DCFS trainer: Salary $585.00 and travel per day $215.00 ($800.00) + $2,405.00 = $3,205.00 ($320.50/trainee)
    - With two DCFS trainers: Salary $1,170.00 and travel per day $430.00 ($1,600.00) + $2,405.00 = $4,005.00/day ($400.50/trainee)
    - With Contract Trainer ($500.00) + $2,405.00 = $2,905.00 ($290.50/trainee)
- ***Maximum Cost:*** For training held at the state office/headquarters or a regional office with the maximum number of trainees (30) incurring costs of average lodging cost $146.50 + $69.00 for meals and $25/workbook = $7,215.00 per day ($240.50/trainee)
    - With one DCFS trainer: Salary $585.00 and travel per day $215.00 ($800.00) + $7,215.00 = $6,682.50 ($222.75/trainee)
    - With two DCFS trainers: Salary $1,170.00 and travel per day $430.00 ($1,600.00) + $7,215.00 = $8,815.00 ($293.83/trainee)
    - With Contract Trainer ($750.00) + $7,215.00 = $7,965.00 ($265.50/trainee)
- **Trainees' Cost**: There are no fees charged to attendees except for conferences or multi-day training.

    ***Note: The formulary above does not include trainees' salaries, mileage, parking, or telephone calls nor does it include trainer course development time, course update time or preparation time.*

CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA): The Department of Children and Family Services (DCFS) is designated to manage the Child Abuse and Prevention Treatment Act (CAPTA) grant funds. CAPTA funds are utilized with Title IV- B funds and Social Services Block Grant (SSBG) funds in Louisiana to prevent, identify, and treat child abuse and neglect situations.

This plan, which complies with the CAPTA Reauthorization Act of 2010, Public Law 111-320, profiles services provided and will remain in effect for the duration of the state's participation in the grant program. The state assures periodic review and revisions to the plan to reflect any changes in strategies or programs. The state provides notice of any substantive changes relating to the prevention of child abuse and neglect that may affect eligibility for the grant program including statutory and regulatory changes.

The following pages describe how the funds provided under CAPTA were and will be used to address the purposes of the grant and achieve the objectives of the grant. Substantive changes to the use of CAPTA funds include the funding of services related to Human Trafficking (HT). Louisiana is fully compliant with all federal legislation related to HT. DCFS has amended its policies related to disclosure of fatalities and near fatalities to direct that the Department shall share

information on these cases. In practice, and for many years, DCFS has always shared information on fatalities and near fatalities when requested.

Most recently, and to comply with Public Law 114-198, House Bill 678 passed the state legislature and on June 22, 2017, the Governor signed Act 359. The Department then promulgated an emergency rule that went into effect on October 1, 2017. Provisions of the act that were amended on January 7, 2019, by the Victims of Child Abuse Reauthorization Act of 2018, Public Law 115-424.

There have been no substantive changes to the state laws or regulations relating to the prevention of child abuse and neglect in Louisiana between October 1, 2023 and September 30, 2024 which could affect the state's eligibility for the CAPTA state grant. There have also been no substantive changes to the state laws or regulations relating to the prevention of child abuse and neglect in Louisiana currently proposed for October 1, 2024 and September 30, 2025 that could affect the state's eligibility for the CAPTA state grant.

PROGRAM AREAS SUPPORTED BY CAPTA FUNDS: In accordance with section 106(b)(1)(A) of CAPTA, the state addresses services and programs with grant funds in order to improve the child protective service system of the state. Of the program areas allowable under CAPTA guidelines, the state utilizes funds in the following program areas:

- Intake, assessment, screening, and investigation of child abuse and neglect reports;
- Risk and safety assessment protocols;
- Programs and procedures for the identification, prevention, and treatment of child abuse and neglect;
- Implementing criminal records checks for prospective foster and adoptive parents and other adults in their homes;
- Improving the skills, qualifications, and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including training and improvements in the recruitment and retention of caseworkers;
- Development and implementation of procedures for collaboration among child protection services, domestic violence, and other agencies; and services to disabled infants with life threatening injuries;
- Addressing the needs of infants born with prenatal drug exposure;
- Referring child not at risk of imminent harm to community services
- Protecting the legal rights of families and alleged perpetrator
- Multi-disciplinary outreach, consultation or coordination the state has taken to support implementation with substance abuse treatment authority, hospitals, health care professionals and public health agencies.
- Current monitoring process for Plans of safe Care
- Supporting Citizen Review Panels

PROGRAM AREAS: Intake, assessment, screening, and investigation of child abuse and neglect reports.

SERVICES PROVIDED:

Centralized Intake (CI) Service Description – A CI system was developed by DCFS in 2011 and provides a centralized child abuse reporting hotline telephone service (1-855-452-5437) that is available 24 hours a day, 7 days a week (24/7). The Department contracts with a vendor, Young Williams, to enable provision of this service. The hotline is operated by Child Protection Services (CPS) teleworkers who work from home and are stationed throughout the state. The DCFS call center provides 24/7 back-up services for the child abuse reporting hotline. The Department strives to have 85% of calls go directly to an intake worker and the speed to answer goal is no more than 4 minutes; however, if a caller does not wish to wait for the next available intake worker a callback option can be chosen by the caller, and they will not lose their place in the queue.

Staff are selected based on the following guidelines/ qualities:

- Experience in the CPS Program;
- Proficient in TIPS/ACESS searches;
- Excellent computer, writing and typing skills;
- Ability to multi-task such as entering data, interviewing the reporter and searching for the client in TIPS and ACESS;
- Excellent speaking and communication skills.
- Recapping information throughout the call to assure the reporter that the report information is being captured accurately; and
- Closing the call by answering any final questions and thanking them.

Centralized Intake Update FFY 2025: The DCFS continued to work on enhancing competencies by redesigning and developing a comprehensive curriculum for new worker orientation, as well as ongoing training for all Centralized Intake staff focusing on gathering information and decision making. In October 2024, the agency began evaluating the training protocols currently utilized in New Worker Orientation, focusing on the data collection process.

In an effort to improve hotline interviewing, DCFS collaborated with the New Orleans Children's Advocacy Center in the development of Effectively Interviewing Child Sexual Abuse Intake training and Vicarious Trauma training issued to centralized intake staff in January 2025. These training courses are designed to equip staff with the skills needed to identify and address challenges faced by reporters and enabling interviewers to effectively navigate calls. The training focused on areas such as report taking from various types of reporters, concerning behavior based on age groups, warning signs and specific consideration was placed on children with disabilities and/or mental health diagnoses, and types of interview questions for child sexual abuse, and navigating information collection of the key areas of safety including threats of harm, severity, vulnerability, and caretaker protective capacities.

The DCFS has utilized the Lean Methodology and Six Sigma strategies to map the agency's processes to effectively analyze, improve, and reduce manual workflows. This included identifying and exploring technological support that can contribute to improved time management. In December 2024, the DCFS worked to assess its current workflow and data entry processes within Acess 2.0 in an effort to pinpoint changes that could enhance efficiency and minimize manual operations.

Number of Intakes Received and Acceptance Rate: The number of intakes received during FFY 2024 (51,904) increased by 0.9% when compared to FFY 2023 (51,447). As of April 2025, FFY 2025, the DCFS has received a total of 31,910 intakes. The percentage of acceptance has been on a steady increase. This increase may be attributed to more community awareness and a process of increased callbacks to Mandated Reporters when there is insufficient information. Statewide numbers are reflected below.

Number of Intakes Received and Percentage of Intakes Accepted for CPS Services FFY 2024

Month	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	March 2024	April 2024	May 2024	June 2024	July 2024	Aug 2024	Sept 2024	Total
Number of reports received FFY2024	4,969	4,356	3,605	4,165	4,477	4,741	4,698	**4,517**	**3,324**	**3,535**	**4,718**	**4,799**	**51,904**
% of Reports Accepted FFY2024	45.76% (2,274)	45.94% (2,001)	45.27% (1,632)	43.00% (1,791)	39.00% (1,746)	38.92% (1,845)	39.70% (1,865)	**40.69%** **(1,838)**	**43.02%** **(1,430)**	**44.92%** **(1,588)**	**41.20%** **(1,944)**	**41.20%** **(1,977)**	**42.36%** **21,931**

Number of Intakes Received and Percentage of Intakes Accepted for CPS Services FFY 2025

Month	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	March 2025	April 2025	May 2025	June 2025	July 2025	Aug 2025	Sept 2025	Total
Number of reports received FFY2025	**5,316**	**4,170**	**3,925**	**4,092**	**4,809**	**4,754**	**4,844**						**31, 910**
% of Reports Accepted FFY2025	**40.05 %** **(2.129)**	**40.74 %** **(1,699)**	**43.36 %** **(1,702)**	**44.99 %** **(1,841)**	**42.32 %** **(2,035)**	**43.35%** **(2,061)**	**42.13%** **(2,041)**						**42.32%** **13, 508**

Number of Intakes Screened Out by Category

Reports that do not meet the legal definition of abuse or abuse/neglect, or the alleged perpetrator is not an individual whom the DCFS is authorized to investigate, are screened out. The chart below represents the number of reports screened out by disposition type:

FFY October 1, 2024- April 30, 2025 Intakes Screened Out by Category (Did not meet the legal criteria for DCFS Involvement)	Totals	Percentage
Refer to Open Foster Care Case	364	1.98%
Refer to Other Agency	683	3.71%
Incorporate Additional Information to an Existing Investigation – Does Not Meet Elements	2100	11.42%
Incorporate Additional Information to an Existing Investigation – Meets Elements	973	5.29%
Incorporate Additional Information to an Existing Investigation – New Allegations	1390	7.56%
Protective Service Alert	3	0.02%
No Action Required	7108	38.64%
Information Provided to Reporter	78	0.42%
Refer to Law Enforcement	4484	24.38%
Refer to Open Family Services Case	122	0.66%

Refer to FINS	1089	5.92%
TOTAL Screened Out (Does not include –Open in Error)	18,394	57.64%

Call Response Metrics: Analyzing and Improving Response to Calls: A two-goal metric for strategic planning was set, with one goal of having the speed to answer for each call below 10 minutes per 24-hour day and the other goal of having 85% of calls go directly to an intake worker. Louisiana's five-year state strategic plan goal is 10 minutes. The total speed to answer for May 2024 – April 2025 was 7.29 minutes.

Child Abuse and/or Neglect Hotline Performance Goals

The main contributory factor for lower performance was workforce capacity. To improve outcomes and performance, the Department submitted a budgetary request to legislators for an additional ten intake workers. This would improve the Department's ability to improve performance goals and provide a more timely response. The Department included in a budget request to Louisiana State Legislators for more positions for SFY 2024-2025, which included a request for an increase in allocated positions for Centralized Intake. In February 2025, there were 1 Child Welfare Supervisor and 5 Child Welfare Specialist temporary job appointments (JA) that were allotted to the unit. However, due to budgetary constraints and a temporary freeze for filling vacancies, there has been a delay on filling these positions.

1. **Goal: Average Speed to Answer**:

Month	Average Speed to Answer (Minutes)
May 2024	9.5
June 2024	2.0
July 2024	2.3
August 2024	4.1
September 2024	9.1
October 2024	12.5
November 2024	2.22
December 2024	4.53
January 2025	4.42
February 2025	13.07
March 2025	15.51
April 2025	8.27

2. Goal of 85% Percent of Calls Answered Directly by Intake Worker (Live Calls Answered – Does not include callbacks)

Month	Percentage of Response
May 2024	65%
June 2024	86%

July 2024	87%
August 2024	78%
September 2024	63%
October 2024	63%
November 2024	85%
December 2024	76%
January 2025	77%
February 2025	61%
March 2025	57%
April 2025	69%

Number of Mandated Reporter Portal Reports Received and Total Calls Received:

Mandated Reporter Summary: In accordance with Louisiana R.S. 14:403, all MRPs are required to report the abuse or neglect of a child. However, not all reports by MRPs result in a DCFS intake, but each report requires an action by a DCFS intake worker. Louisiana's law on mandated reporting requires that all reports that are made orally by mandated reporters must be followed by a written report to DCFS within five days. This may occur either by entering a follow-up report online or by mailing the CPI-2 form to the DCFS Centralized Intake office.

Louisiana's online reports are restricted to Mandated Reporters of Abuse and/or Neglect and limited to entry of non-emergent reports received through a queue. This reporting is available, and the queue is managed 24/7. Upon receipt, a submission is assigned to an intake worker.

During the reporting period, there was a 10% increase in the usage of the Mandated Reporter Portal from October 24, 2024, to April 30, 2025, which may be attributed to recent legislative changes concerning educational reporters.

Centralized Intake Workload

The chart below provides the workload of Centralized Intake. The workforce needs associated with the workload are outlined below.

Month	Total Calls	#MRP Reports (Mandated Reporter Portal)	Total Received*
May 2024	5,732	1,552	7,304
June 2024	4,276	848	5,137
July 2024	4,537	991	5,536
August 2024	5,925	1,594	7,523
September 2024	5,926	1,851	7,797
October 2024	5,677	2,106	7,813
November 2024	4,298	1,728	6,049
December 2024	4,477	557	5,043
January 2025	4,776	1,581	6,376
February 2025	5,541	2,124	7,690

March 2025	5,088	2,025	7,142
April 2025	5,080	1,941	7,037
May 2025			

**Total Received – This number represents total calls and mandated submissions through the Mandated Reporter Portal. Mandated Reporter Portal receives Follow-Up confirmations of a report as required by law and initial intake reports of abuse and/or neglect that are submitted. All require an action by an intake worker.*

Audit recommendations:

1) The DCFS should develop and monitor additional performance targets for CI, such as average speed to answer, callbacks, and number of calls abandoned, so it can fully evaluate CI's performance in operating the hotline.
2) The DCFS should use hotline data on call volume and other metrics to determine appropriate staffing levels relevant to call center performance targets for the hotline.
3) Develop a strategy to manage increased reporting of emergency reports submitted through the MRP, which often contain insufficient information to make intake decisions and should have been called into the hotline.
4) The DCFS should analyze its hotline call data to determine if simplifying its shift schedule to minimize shift changes during peak call times results in fewer abandoned calls and shorter wait times. Explore simplifying shift schedules of intake staff to ensure appropriate staffing decisions based on trends for peak-hour call periods.
5) The DCFS has strengthened its quality assurance processes to evaluate the work of CI staff. Ensure there is an established CQI process to analyze intake and investigation data regarding timeliness activities.

DCFS Corrective Action Plan (CAP) progress:

1) Call Center Performance Targets Identified:
   - Average speed to answer calls: 15 minutes
   - Percent of calls (live + callbacks): 85%
   - Talk Time: <30 minutes
   - Handle time (talk time + after-call work): 45 minutes

2) Hotline date data call volume and peak hours were developed and shift assignments aligned between the peak call time of 9:00 and 5:00 pm with the staffing resources available.
3) The DCFS developed a Mandated Reporter Guide/Mandated Reporter Flyer which were distributed in August 2024 to over 100 mandated reporter associations for dissemination to their employees. The Mandated Reporter Guide is available on the DCFS website, providing step-by-step instructions for completing a written report.
4) In October 2024, scheduling of staff was adjusted based on call data trends observed during peak call times, specifically between 9:00 AM and 5:00 PM, to ensure maximum staffing levels.
5) Due to DCFS current data functionality limitations, establishing a CQI process to analyze intake and investigation data regarding timeliness of activities has not been accomplished. Timestamps of the intake approval, investigation created, and the investigation validity decision is not a current functionality in the ACESS application.

For activities planned on **Centralized Intake (CI),** please refer to **Section 4: Services – Child Welfare Continuum** section on pages 111-113.

Structured Decision Making (SDM®) Service Description – The SDM® model incorporates a set of evidence-based assessment tools and decision-making guidelines designed to provide a higher level of consistency and validity throughout the case process. The goals of the SDM®

model are to reduce subsequent harm to children, to reduce recidivism on validated cases of abuse/neglect and/or foster care placements, and to reduce permanency timelines. These goals are accomplished by introducing structure to critical decision-making points, increasing consistency and validity of decisions, targeting resources on families most at risk and using aggregated assessment and decision-making data to inform agency-wide monitoring, planning and budgeting. Components of the SDM® model include a series of tools used to assess families and structure agency responses at specific decision-making points that range from intake to reunification. The SDM® model utilizes service levels (high, medium, low) with differentiated minimum standards for each level, and targets those families that score at the highest levels of risk and needs as priority.

CQI continued the mentoring project for CPS supervisors. There were ongoing trainings and consultations scheduled to enhance the staff's ability to complete the SDM correctly, as well as to use the information accurately as it relates to determining case closure, referral for services or removal. The CPS email address, dcfs.childprotectiveservices@la.gov, was utilized as a point of contact by field staff to submit questions/concerns as it relates to risk assessments and/or completion of the risk assessment instrument.

SDM Update FFY 2025: In FFY 2024, Louisiana reinstated the SDM reviews to capture data regarding the Risk Assessments conducted. The findings from these reviews indicated that Louisiana DCFS maintained a high level of consistency in completing Initial SDM Risk Assessments on the appropriate household members, achieving 100% completeness in most quarters of FFY 2024 and into the first quarter of 2025. The area with the lowest average in performance is the timely completion of the instrument, often times going outside of the 30 day time frame for completion. Additionally, consistency in information within assessments showed a 100% rating in Quarter 1, followed by a decline to 83.3% in Quarter 2.

Throughout the second half of FFY 2024 and the first half of FFY 2025, CQI staff continued to conduct consultations with frontline staff to bolster their capacity to perform SDM accurately and to utilize the information effectively in decision-making processes related to case management.

Area of Practice	FFY 2024 Q1 Oct 1 – Dec 31, 2023		FFY 2024 Q2 Jan 1 – Mar 31, 2024		FFY 2024 Q3 Apr 1 – Jun 30, 2024		FFY 2024 Q4 Jul 1 – Sept 30, 2024	
	# of Cases Meeting Practice	%	# of Cases Meeting Practice	%	# of Cases Meeting Practice	%	# of Cases Meeting Practice	%
Correct Household	3	100%	12	91.7%	7	100%	4	100%
Timely Approval	3	100%	12	66.7%	7	57.1%	4	75%
Consistency	3	100%	12	83.3%	7	71.4%	4	50%

Area of Practice	FFY 2025 Q1 Oct 1 – Dec 31, 2024		FFY 2025 Q2 Jan 1 – Mar 31, 2025		FFY 2025 Q3 Apr 1 – Jun 30, 2025		FFY 2024 Q5 Jul 1 – Sept 30, 2025	
	# of Cases applicable	%	# of Cases applicable	%	# of Cases applicable	%	# of Cases applicable	%
Correct Household	9	100%						
Timely Approval	9	66.7%						

Area of Practice	FFY 2025 Q1 Oct 1 – Dec 31, 2024		FFY 2025 Q2 Jan 1 – Mar 31, 2025		FFY 2025 Q3 Apr 1 – Jun 30, 2025		FFY 2024 Q5 Jul 1 – Sept 30, 2025	
	# of Cases applicable	%	# of Cases applicable	%	# of Cases applicable	%	# of Cases applicable	%
Consistency	9	88.9%						

SDM Planned Activities FFY 2026: Louisiana is planning to assess the applicability and effectiveness of the current SDM system and will be determining whether the use of the current tool will continue or if an updated SDM tool will be developed. While this is being assessed, Louisiana CQI will pause the Structured Decision Making reviews until a determination is made regarding the use of the current SDM system and whether updates are needed.

ACESS 2.0- Service Description: The Department began using ACESS 2.0 in June 2018. A Comprehensive Enterprise Social Services System (ACESS) is the statewide system for intake of all reports of child abuse and neglect. This information management system contains intake records (CI) that are assigned to the CPS program. ACESS used to serve as the electronic case record for all intakes, child abuse and neglect reports and CPS services until the development and implementation of On-Base. ACESS provides some case management tools. The Department continues to address system issues for optimal performance.

ACESS 2.0 gathers all the new data that is required by CARA. ACESS 2.0 captures data in regard to notifications of newborns who exhibit symptoms of withdrawal or other observable and harmful effects in his appearance or functioning that a physician believes is due to the use of a controlled dangerous substance in a lawfully prescribed manner by the mother during pregnancy. It captured if a plan of safe care was developed and referrals made to ensure the needs of the family are met upon discharge from the hospital, and captured data of whether or not a plan of safe care was developed and monitored for screened in reports, including services/referrals for the affected family or caregiver. This data is pushed to our TIPS system to allow for NCANDS reporting.

ACESS 2.0 Update FFY 2025: During FFY 2025, the DCFS continued to utilize Acess 2.0 statewide for the intake of all reports of child abuse and neglect, as well as for management of CPS case records. The Maintenance and Operations team continued to ensure system stability and facilitated end-user functionality.

During FFY 2025, the DCFS continued to actively address system issues for optimal performance and identified defects resulting in twenty-three (23) enhancements deployed into production.

- 4 Enhancements to enable the Salesforce Mobile App on state cell phones.
- 2 enhancements to upgrade security features.
- 4 Enhancements to upgrade ensure system stability based on the annual health assessment.
- 6 Enhancements to update expungement flows and to system automate the expungement of records.
- 4 Enhancements to update verbiage of valid and invalid to substantiated and unsubstantiated.
- 1 Enhancement to send a notifications/ referral to law enforcement via email, fax or mail.
- 1 Enhancement to update SCR Clearances.

- 1 Enhancement to archive data to free up data.

ACESS 2.0 Planned Activities FFY 2026: In FFY 2026, the focus of DCFS will be to maintain the stability and health of the system while minimizing enhancements until the development of the Comprehensive Child Welfare Information System (CCWIS) is complete. Enhancements will be implemented in response to state and federal requirements or policy changes.

Criminal Record Clearances (CRC): DCFS uses DCFS Child Welfare LIVE SCAN equipment to complete fingerprint based criminal record clearances through the Louisiana State Police (LSP) and the FBI. Criminal record clearances were obtained on prospective foster/adoptive parents (both DCFS and private agency used by DCFS) prior to certification, on relative caregivers, and on all residential staff including contractors prior to employment to ensure the safety of children placed in the care of these individuals. Additionally, all DCFS staff that are "new hires" receive criminal record clearances prior to hire to ensure safety of children with whom the employees interact. The DCFS requires all mentors, visiting resources and volunteers who will be working for long stretches of time alone with a child to receive criminal record clearances as well since they are the caregivers for the child while they are alone with the child. Additional information can be found in the Systemic Factor Section G: Foster and Adoptive Parent Licensing, Recruitment, and Retention.

CRC Update FFY 2025: The DCFS continues to use DCFS Child Welfare LIVE SCAN equipment to complete fingerprint based criminal record clearances through the Louisiana State Police (LSP) and the FBI. Criminal record clearances were obtained on prospective foster/adoptive parents (both DCFS and private agency used by DCFS) prior to certification, on relative/kin caregivers, residential staff including contractors prior to employment. Additionally, all DCFS CW staff who have supervisory authority over children received criminal record clearances prior to being hired to ensure the safety of children with whom the employees interact. The DCFS requires all mentors, visiting resources and volunteers, according to agency policy, to receive criminal record clearances as well since they are the caregivers for the child while they are alone with the child. Additional information can be found in the Systemic Factor Section G: Foster and Adoptive Parent Licensing, Recruitment, and Retention.

CRC Planned Activities FFY 2026: The DCFS will be transitioning away from using Live Scan equipment located in each regional office for fingerprinting purposes. Instead, the DCFS will utilize Louisiana State Police Idemia satellite locations and software for conducting criminal background clearances. This new process is anticipated to reduce barriers in obtaining background clearances timely.

Training- Child Welfare Training in coordination with the Louisiana Child Welfare Training Academy (LCWTA) continued to provide the 24-week competency-based child welfare curricula for new staff. The Department offers various training opportunities to all staff throughout the year including a core child-welfare curriculum (4-6 sessions of the core curriculum are offered annually). Other opportunities for training are through conference participation, and professional development workshop participation within the state's prospective communities. This involvement with the community creates opportunities for staff to collaborate with other service providers and to engage in collaborative networking activities. Staff receiving these training opportunities are responsible for case management duties in the areas of child protection, family preservation, foster care, adoption, and independent living services. Both management and program staff are afforded

the same opportunities in the initial phases of any new initiative to serve as leads in the training after having been trained by contracted experts.

Performance measures and practice expectations are incorporated into each training staff receives. From the new worker phase to the experienced worker phase, trainings required of departmental staff address the skills, and knowledge needed to carry out specified job responsibilities in the four core areas under the Promoting Safe and Stable Families Program. (For additional information, please refer to the Systemic Factors section of the APSR).

Training is available to foster/adoptive parents through LCWTA sponsored training providers. Additional training courses may be used to meet licensing requirements including:
Louisiana Foster/Adoptive Parent Association annual conference;
National Foster Parent conferences;

- Community agency or organization trainings (pre-approved by the regional or state office);
- Participation in consultation with a licensed professional for purposes of implementing an individualized behavior management program or other therapeutic treatment on behalf of a foster child;
- On-line trainings (pre-approved by state office).

All families applying to become certified as foster/adoptive parent(s) in Louisiana are required to complete pre-service training and to receive education in CPR/first aid. Pre-service training is scheduled at a minimum of every 10 weeks. Pre-service training courses are held statewide in various locations to accommodate potential applicants. Both morning and evening sessions are held statewide as well as Saturday sessions for kinship/relative families that choose to pursue licensure for the placement and permanency goal of their relative/kin. (For additional information, please refer to the systemic factor section on Foster and Adoptive Parent Licensing, Recruitment, and Retention.)

The Department utilizes the following mechanisms of technology to meet training needs:

- Modular Object-Oriented Dynamic Learning Environment (MOODLE) as its Learning Management System (LMS);
- Web-Based Training;
- Video Conferencing; and,
- Webinars and Teleconferences.

Louisiana Child Welfare moved into the initial implementation of the Job Redesign and the Louisiana Workforce Development Implementation Team achieved major milestones by completing the initial implementation of the Job Redesign with eight teams over three (3) Louisiana parishes (Calcasieu, Lafayette and East Baton Rouge).

See the Collaboration and Vision section of this report for additional information on Workforce Development.

For an update and activities planned on **Staff and Provider Training**, please refer to the **Training Plan** on pages 214-244.

Critical Incident Stress Management (CISM): The DCFS CISM team provides:

- Pre-crisis Preparation - stress prevention education to help staff improve coping and stress management skills;
- Crisis Management Briefing/Staff Consultation - stress management intervention used to inform and consult and allow psychological decompression;
- Defusing – small group intervention provided within a short time frame after a traumatic event to reduce the level of harm to the people exposed to it;
- Critical Incident Stress Debriefing – small group intervention which uses crisis intervention and educational processes to reduce psychological distress associated with a critical incident; and
- Individual Crisis Intervention – used when only one to three persons are affected by the traumatic incident with a goal to assist the individuals in reestablishing a pre-incident level of functioning.

Population Served: The CISM team provides stress prevention education statewide to any DCFS employee in the Child Welfare, Economic Stability, and Child Support Enforcement units, upon request when experiencing job related critical incidents, either directly or indirectly.

The table below indicates the number of CISM interventions completed each FFY:

CISM Interventions			
	Group Interventions	1:1 Interventions	Total Staff Receiving Services
FFY 2024	7	17	50
FFY 2025 (Oct 1, 2024- April 30, 2025)	2	4	33
FFY 2026			
FFY 2027			
FFY 2028			
FFY 2029			

CISM Update FFY 2025: The Department of Children and Family Services (DCFS) CISM team has been able to maintain the integrity of the critical incident model established by this trauma response organization during FFY 2025. The DCFS Critical Incident Stress Management (CISM) team has maintained twenty-nine (29) active members, losing only one team member over the last year through retirement. All team members are trained and registered with the International Critical Incident Stress Foundation (ICISF). The DCFS CISM team is registered with ICISF through January 15, 2026 as required to be able to respond to requests for CISM assistance through the ICISF Hotline or the ICISF office. The CISM team members are spread throughout the state, as there is representation from almost every region.

In FFY 2024, seventeen 1:1 CISM interventions and seven group interventions were held according to the CISM model. These interventions provided support to fifty total DCFS staff. Thus far in FFY 2025 from October 1, 2024 through March 31, 2025, the CISM team has completed four 1:1 CISM interventions and two group interventions for a total of thirty-three (33) staff who received CISM services. CISM interventions were held according to the CISM model. In an effort to make sure the needs of all DCFS staff were met, the CISM team continued to offer interventions in-person, through Zoom or Skype, and by telephone.

The DCFS CISM leadership changed in February of 2025 with a new clinical manager and coordinator. In an effort to ensure all staff are aware of CISM services a new flyer about CISM and CISM e-mail address was developed. The new flyer was added to the DCFS internet page and an article on CISM was posted on the DCFS Intranet on March 18, 2025 to help share this information with all staff. Also in March 2025, CISM was added to the drop-down menu under "Child Welfare" on the Intranet, with a permanent page that shares information about CISM with staff, including how to request a CISM. On March 25, 2025, Child Welfare Assistant Secretary Hook also sent out a message about the importance of CISM to all Child Welfare staff statewide, with the revised flyer attached.

Education about CISM services are also being shared during New Worker and New Supervisor trainings. CISM information is also being shared during the regional summit meetings. The CISM leadership also completed a budget request in February 2025 in an effort to provide another CISM training for new and active members to help meet the need of the possible increase in CISM requests. CISM training will be scheduled as soon as funding is available.

CISM Planned Activities FFY 2026: The DCFS CISM team will continue to provide pre-crisis preparation, crisis management, defusing, critical incident stress debriefing, and individual crisis intervention CISM services to all DCFS staff. Ongoing recruitment and training will continue annually for new and returning members of the team.

Nurturing Parent Program (NPP): The Nurturing Parent Program (NPP) is a family-based parenting program with a proven record of preventing and treating child abuse and neglect. The state's Family Resource Centers (FRC) located in every region offers Nurturing Parent groups. Technical assistance on implementation of the model is provided to the Family Resource Centers.

Population Served: This statewide program serves parents with children age birth to five that have parenting determined as a need in their service/case plan. A family can consist of single parents, parent couples, stepparents or parent paramours. The families referred should be at risk of child abuse/neglect or have experienced child abuse/neglect. The families could be intact or families with the goal of reunification of families. Families should not be actively using substances or in recovery.

Services Provided: Parents and children attend different groups for two hours with 30 minutes of family nurturing time between the first and second hour. Each group is followed by a weekly home visit to work one-on-one with the parent to ensure the parent is able to demonstrate what they have learned. Parent groups consist of discussion, role-play, lecture, skill building, nurturing activities, and the assignment of home practice exercises. Children's group activities consist of age-appropriate activities including role-play, music, arts, puppets, reading, infant massage and modeling for parents. The Nurturing Parent Program is 16 weeks long.

Evidence Based Parenting Education Update FFY 2025: The Family Resource Centers have continued to provide an evidence-based parenting program to their identified family in community when no other parenting classes are available.

Parenting Education	YTD Total Total number of Clients Served to date **Unduplicated**
# of Families:	596
Mother:	482
Father:	214
Caregiver-Relative:	13
Caregiver-Non Related:	4
Children-In Home (Biological family)	325
Children-In Home-relative setting	176
Children—Out of Home Placement	353
# of families receiving telehealth services:	52

*These totals will run on a federal fiscal year period beginning October 1, 2024 through March 30, 2025

Evidence Based Parenting Education Planned Activities FFY 2026: Current FRC programming will continue through the end of the current contract period of September 30, 2025. The DCFS will work towards the expansion of statewide MCC services through the Request for Proposal (RFP) procurement process. This RFP will include a redesign of services provided through the FRC's with a focus of moving people from crisis to stability, sparking community organizing and engagement and assisting communities to build additional resources to services the community. The RFP process will also focus on the inclusion of trust based relational interventions (TBRI) family focused parenting.

Substance Abuse Counselors: The DCFS is working in collaboration with LDH to place substance abuse counselors in four pilot parishes: East Baton Rouge, Livingston, Caddo, and Rapides parish offices to house Substance with a plan to expand throughout state.

For an update and activities planned on **Substance Abuse Counselors**, please refer to **Service Coordination** on pages 173-175.

Human Trafficking (HT) Services: In accordance with the Preventing Sex Trafficking and Strengthening Families Act, Public Law 113-183, and Act 564 of 2014. DCFS is committed to identifying, protecting, and providing services for children, as well as adults, such as a parent/caretaker, who have been identified as trafficking victims or are at risk of being a potential human trafficking victim. DCFS has strategies in place to identify human trafficking victims or potential victims at intake and during the initial stages of the assessment phase of the case due to specific indicators. DCFS will continue serving on the Louisiana Human Trafficking Prevention Commission and Advisory Board and is planning how recommendations will be implemented from the report submitted last year. DCFS will develop specialized foster homes for trafficking victims, while continuing to adjust parts of the Human Trafficking Model as needed. Training for staff will commence with additional, more in-depth, classroom sessions. DCFS will complete the curriculum for tier 2 and 3 classroom sessions. Safety plans for victims of human trafficking will be developed for prevention and support for trafficking victims. There are two (2) specialized residential facilities for human trafficking victims in Louisiana: Metanoia and Free Indeed. Currently there are state level staffings for human trafficking cases. Once a victim or potential victim is identified, the Human Trafficking Victim Notification Form is emailed to the Louisiana DCFS State office via email at: dcfs.humantrafficking.dcfs@la.gov and staffing shall occur within five (5) business days. DCFS plans to begin Multi-Disciplinary Team (MDT) staffings for Human

Trafficking cases in the nine (9) regions throughout the state. The team will consist of service providers, medical professionals and individuals who can provide needed support for victims and potential victims of human trafficking and their families.

Human Trafficking Update FFY 2025: During FFY 2025, the Department of Children and Family Services continued to receive reports of alleged child sex trafficking, centralizing these calls to enhance coordination among state agencies, law enforcement, and service providers responsible for investigating cases, ensuring victims' safety, and advocating for their needs.

During FFY 2025, the DCFS Human Trafficking Unit served 650 victims statewide. Of the human trafficking victims served, 284 were confirmed victims, 359 were suspected victims and 7 were of unknown status. The victims consisted of 555 juveniles and 104 adults. Of the adults, 41 were served in the EFC program.

The DCFS continued to offer specialized case consultation focused on human trafficking, providing expert knowledge of available services and fostering partnership in specialized case management. This support is extended to internal staff for all suspected or confirmed victims throughout the duration of the case, ensuring comprehensive care and advocacy.

Please see the charts below of human trafficking victims served population in CY 2024:

HT Clients Served in CY 2024	
Served as Minor or Adult	TOTAL
Adult	120
Minor	648
Total Unique Clients	**756**

* Please note that the total does not match the number served as a Minor or Adult because a client may have been served as both a Minor and an Adult in multiple programs during the year.

HT Clients Served by Program in CY 2024	
Program	**TOTAL**
AD	28
CPI	600
EFC	44
FC	251
FS	109
SP (Parent)	26
Total Unique Clients	**756**

* Please note that the total does not match the number served as a Minor or Adult because a client may have been served as both a Minor and an Adult in multiple programs during the year.

HT Clients Served by Victim Status in CY 2024	
Victim Status	**TOTAL**
Suspected	420
Confirmed	329

Status Missing	7
Total Unique Clients	**756**

* Please note that the total does not match the number served as a Minor or Adult because a client may have been served as both a Minor and an Adult in multiple programs during the year.

During FFY 2025, the DCFS recorded its highest incidence of trafficking in East Baton Rouge, Orleans, Rapides, Tangipahoa, and Lafayette Parishes, with victims primarily originating from East Baton Rouge, Orleans, Lafayette, Jefferson, and Rapides. The victims ranged in age from 14 to 17 years.

The DCFS systematically forwarded all reported child sex trafficking cases to the Louisiana State Police for referral to the appropriate local law enforcement agency for investigation or further action as warranted. The DCFS conducted investigations into reports of child sex trafficking that included allegations of involvement by parents or caretakers in trafficking activities or other forms of abuse and neglect. Please see the chart below for data on reports sent to the Louisiana State Police.

HT Hotline Data (01/01/24 to 12/31/24)					
Number of Reports to DCFS Hotline	**Number of Alleged Victims reported**	**Number of Reports accepted for DCFS Investigation with parental/caretaker culpability for Juvenile Sex Trafficking**	**Number of Reports accepted for DCFS Investigation involving an alleged sex trafficking victim with parental/caretaker culpability in other types of abuse/neglect**	**Number of Reports DCFS was already serving victim through investigation or foster care**	****Number of Notifications to Louisiana State Police from the hotline**
986 (ST: 953 LT: 36)	1083	133	467	169	954

*ST=juvenile sex trafficking, LT=labor trafficking, AST= Adult Sex Trafficking

**The number of reports sent to LSP might differ than the number of reports received to the DCFS hotline due to Labor Trafficking reports being sent to local law enforcement at this time.

During FFY 2025, the DCFS Care Coordination services were expanded statewide and served 836 new victims in CY 2024. This collaborative, multi-disciplinary team meeting assesses and responds to the needs of specific trafficking victims. Care Coordination provides 3 services:

- Emergency Response: A multidisciplinary review for a specific case that occurs within 72 hours of referral to address the immediate needs of the victim and provide urgent interventions.
- Ongoing Case Review: A multidisciplinary meeting that occurs regularly to assess one or more cases for service needs, investigative updates, and referral opportunities.
- Advisory Team: A collaborative, multidisciplinary team of field experts that meet regularly to address systemic issues and opportunities in their community's anti-trafficking response.

The DCFS initiated an MOU with the Governor's Office, Office of Human Trafficking Prevention (OHTP) and contracted with the Louisiana Alliance of Children's Advocacy Centers (LACAC) to provide Care Coordination with twenty-one Care Coordinator positions (within 10 CAC's and LACAC) statewide. The DCFS provided 24/7 individualized advocacy services for victims of child sex trafficking providing crisis response and ongoing long-term trust-based relational support. Services are provided statewide by BCFS Health and Human Services, Human Trafficking Interdiction and Unbound Now which serves the Orleans and Baton Rouge Regions. These contracts have the capacity to serve 317 confirmed/clear concern child sex trafficking

victims at any point in time. In CY 2024 advocacy services were provided to 409 child sex trafficking victims.

The DCFS has six specialized Regional Human Trafficking Consultants to ensure specialized service delivery for victims served by the agency. The DCFS implemented specialized training for Human Trafficking titled, "Responding to Sexual Exploitation and Trafficking: Social Strategies" presented by Leslie Briner, MSW, Intermediate Caseworker HT Training, Advanced Caseworker HT Training, Caretaker HT Training and Love 146 Not A Number training provided to youth and staff in 22 residential homes. The DCFS provides regular ongoing supportive services to residential care staff regarding service provision to youth who have been trafficked or are at risk of trafficking and their service needs, safety, prevention techniques, and harm reduction. The DCFS disseminated human trafficking posters to be displayed in all Child Welfare offices as well as Emergency Preparedness shelters and provided human trafficking desk cards for all child welfare employees.

HT Planned Activities FFY 2026: The DCFS will continue to provide ongoing specialized training to staff and caregivers on Intermediate and Advanced Caseworker and Intermediate Caretaker, Love 146 Not A Number and Specialized Human Trafficking Intake. The DCFS will continue to provide ongoing expert and survivor led human trafficking trainings for staff within 22 residential homes across the state. The DCFS will continue to utilize Regional HT Consultants to strengthen consistent practice in services delivery to HT victims and improve Care Coordination through ongoing collaboration with stakeholders and advisory councils. The DCFS will develop Familial Sex Trafficking Training in partnership with OHTP and LACAC. The DCFS will continue to locate Therapeutic Foster Home models specific to human trafficking victims from other states for consideration in Louisiana. The DCFS will update Juvenile Sex Trafficking allegation definition due to the passing of ACT 570.

Media Campaigns/Community Education: The department recognizes it is vitally important that any approach to protecting children and strengthening families in Louisiana includes a strong prevention/awareness component. Communications have served as an essential tool to inform the community of safety initiatives implemented by the Department to keep our children safe, help individuals and families become self-sufficient, and provide a safe refuge during a disaster.

Media Campaigns Update FFY 2025: In FFY 2025, the Department's communications efforts continued to focus on the foundations supporting the agency's work in protecting children and strengthening families. The DCFS media team increased the variety of designs and overall posting on social media accounts (1-3 times daily) and maintained highly frequent posting on all platforms. There was an increase in the number of programs, opportunities, and resources that were added to social media to increase public awareness. Some specific areas included: Kinship Navigator, Parent Locator Service, Set For Success, Become a DCFS Community Partner, Greaux the Good, Safe Sleep, and Safe Haven. The media team also worked to increase posting during emergencies, hurricanes, power outages, and public facing technical difficulties to keep the public informed about statewide issues. Other media campaigns focused on fostering and the Be There campaign, the SunBucks program, DSNAP, and Child Safety Tips Video and Graphics campaigns with the DCFS staff discussing tips and resources available.

Other efforts during FFY 2025 have included:

Foster Care and Foster Caregiver Recruitment, Retention & Support

- **Foster Care Community Collaborative Meetings:** After meeting with foster caregivers in the Baton Rouge, Monroe, Thibodaux and Alexandria regions during 2024, the Department began holding monthly Community Collaborative meetings, bringing together DCFS regional staff members, foster caregivers, nonprofit organizations, community agencies, and community members interested in supporting their local foster care community. Collaborative meetings have been established in the Covington, Lafayette, and Lake Charles regions, with Orleans next on the schedule. The focus of these collaborative meetings has been to identify caregiver needs, existing supportive resources, and gaps within the supportive network that partners and organizations can help the agency fill in order to better support foster caregivers and the children/youth in their care.
- **Website Updates:** The Department continued to update the Foster Caregiver Resources webpage to include the latest information for caregivers, including community resources and support organizations they can access.
- **Fostering Foundations Newsletter:** The Department began distributing a quarterly newsletter to foster caregivers during 2024, letting them know about the Community Collaboratives, other community events, policy changes, and foster care resources. The newsletter continues to be produced and distributed, as well as uploaded onto the website.
- **Partner Events:** With communication support, the Department partnered with several businesses and other groups for the support of children and youth in foster care. Notable examples include the All In Nola Back-to-School event which was organized and sponsored by Starbucks and Louisiana State Parks, a division of the state Office of Tourism. Lt. Gov. Nungesser offered free passes to all state parks to foster caregivers, and the Department worked with State Parks to create an application and distribute a flyer and information to foster caregivers. As of April 10, 2025, 197 passes had been distributed to foster caregivers around the state.

Prevention & Community Support Efforts

- **Safe Haven:** The Department printed updated versions of the Safe Haven poster and brochure, along with a version of the brochure in Spanish, ready to send to Safe Haven sites upon request. The Department also continued to promote awareness of Louisiana's Safe Haven laws through regular social media posts.
- **Grandparents Raising Grandchildren:** The Department again partnered with the Grandparents Raising Grandchildren Information Center of Louisiana to help promote and produce printed materials for its annual conference held in Baton Rouge. The DCFS also participated in the event as an exhibitor, providing information about the Department's programs and services, in both its Child Welfare and Family Support divisions.

Adoptions

- **Adoption Awareness:** The Department promoted adoption awareness in connection with the annual Adoption Celebration held at the Capitol Park Museum in Baton Rouge in December 2024.
- **KSLA and KNOE "Welcome Home" segment:** The Department partnered with UNITE Ministries to have children who have been freed for adoption, within the Shreveport and Monroe regions, interviewed for a monthly segment featured on KSLA-TV in Shreveport and KNOE-TV in Monroe.

Media Campaigns Planned Activities FFY 2026: In FFY 2026, the Department's communications will develop and implement social media, internal and external communications campaigns with a focus on the following initiatives:

- **Foster Care Focus:** A Humans of New York style social media series in which current foster caregivers will submit a photo or short video of themselves and a quote about the positives they can share of being a foster parent. These short photo/video features will go across the DCFS social media accounts with a primary focus on Instagram. Goal: show appreciation for current foster caregivers and recruit more.
- **My Why:** A social media series for the main DCFS accounts in which current DCFS employees can tell their story about their "why" – their reason why they choose to work here and make an impact on the lives of children and families every day. Goal: show appreciation for current employees and increase employee recruitment efforts.
- **Secretary Matlock promotion**: Creating content and in-person opportunities to show off his gregarious and warm personality, both as an agency leader and as a passionate proponent of foster care and positive outcomes for families.
- **Website Redesign**: Many pages need to be optimized for mobile viewing to improve site quality and functionality.
- **Newsletters**: A plan to revamp and consolidate newsletters into one agency-wide internal newsletter. Further exploration of external newsletters with a focus on email opens and engagement by audience.

Substance Exposed Newborns (SEN): The DCFS met with community partners including the Louisiana Department of Health (LDH), local hospitals, Healthy LA, judicial stakeholders, and behavioral health agencies, to develop strategies to reduce the number of infants exposed to drugs during the mother's pregnancy. Department policy has been updated to give staff guidance on completing safety assessments on cases of Substance Exposed Newborn (SEN) and to ensure all cases involving a substance-exposed newborn receives a Priority 1 (24 hour) response by CPS staff to determine the safety of the newborn infant. The Department has tracked these cases to identify trends in order to determine what the needs are and what interventions or resources are appropriate to meet the needs. The Department has implemented high-risk staffings, consultations with Bureau of General Counsel attorneys, and court ordered safety planning to assist with identifying safety needs and implementing interventions.

Louisiana formed the Heroin and Opioid Prevention and Education Council (HOPE) Council during the 2017 legislative session to continue the work of the Governor's Commission on Heroin and Opioid Prevention; The HOPE Council is comprised of thirteen state agencies, including DCFS, all with a stake in addressing the Opioid epidemic.

The DCFS is in compliance with CAPTA as it relates to Substance Exposed Newborns (SEN), as all SEN reports were received as per the Louisiana Children's Code, Article 610 G (1) that states, if a physician has cause to believe that a newborn was exposed in utero to an unlawfully used controlled dangerous substance, as defined by R.S. 40:961 et seq., the physician shall order a toxicology test upon the newborn, without the consent of the newborn's parents or guardian, to determine whether there is evidence of prenatal neglect. If the test results are positive, the physician shall issue a report to the Department as soon as possible. The Louisiana Children's Code, Article 603 (17) defines a newborn as a child who is not more than thirty days old. Article 603 (22) defines prenatal neglect as "exposure to chronic or severe use of alcohol or the unlawful use of any controlled dangerous substance or in a manner not lawfully prescribed which results in

symptoms of withdrawal in the newborn or the presence of a controlled substance or a metabolic thereof in his body, blood, urine, or meconium that is not the result of medical treatment, or causes observable and harmful effects in his physical appearance or functioning.".

The Governor signed Louisiana Act 359 and rulemaking occurred to establish specific procedures for notifications to the Department through the Physician Notification of Substance Exposed Newborns No Prenatal Neglect Suspected form, which is completed by the physician. The form includes a plan of safe care to ensure the needs of the family are met upon discharge from the hospital. This form is a notification for data gathering purposes and does not constitute a report of abuse/neglect.

Population Served: Newborns under the age of 30 days identified by a physician as having a positive toxicology test for a controlled dangerous substance, or symptoms of withdrawal in the newborn; and/or symptoms of withdrawal or other observable and harmful effects in physical appearance or functioning due to chronic or severe use of alcohol by the mother during the pregnancy.

SEN Update FFY 2025: The DCFS has continued to update policy on SEN and staff are trained on all policy changes and/or updates. High-risk staffings are held in each region on cases where there is an allegation of substance exposed newborn. The DCFS medical director is available to attend high-risk staffings. The DCFS continued to serve on the HOPE Council and contributed to its annual report to the legislature. The HOPE Council meetings were held in-person on April 11, 2024, July 11, 2024, October 10, 2024, and on January 9, 2025. The most recent HOPE report can be found on the HOPE webpage at https://ldh.la.gov/hope. The state has also continued to hold quarterly Comprehensive Addiction and Recovery Act of 2016 (CARA) meetings in each region focusing on the ongoing compliance and activities related to the POSC (Plans of Safe Care). The regional meetings included the DCFS staff along with local stakeholders in each region and focused on services to families and their substance-exposed newborns. The regional quarterly meetings during FFY 2024-2025 have been held through video conferencing and in-person. The DCFS conducted a bi-annual state level meeting with all of the Regional CARA liaisons to address systematic issues identified in the regional level meetings. These state level meetings were held on July 1, 2024 and December 13, 2024. The meetings included multidisciplinary professionals in an effort to address the availability and delivery of the services to infants exposed to substances and the needs for these children and families. While there have been no new policies or practices added or changed during this FFY, there is an on-going review of policy and practice to ensure the needs of these families are met.

Ongoing work has continued on the IDTA project. Louisiana DCFS has continued to make significant progress in supporting families affected by prenatal substance use through coordinated, cross-agency efforts. An initial accomplishment was the formation of a statewide collaboration, bringing together leaders from health, child welfare, courts, hospitals, and community organizations. This group established a shared mission and vision to guide the joint efforts. Weekly meetings for both the Core Team and Leadership were held to maintain momentum, discuss progress, identify challenges, and strategize effective solutions. During FFY 2025, the team revised the Louisiana Substance Use in Pregnancy Toolkit, enhancing its focus on evidence-based care for pregnant individuals, improving coordination between providers, and updating information on the effects of prenatal substance exposure. This tool kit has provided healthcare providers with key information about the impact of legal and illegal substances on pregnancy and

the unborn child. The toolkit also encourages the use of evidence-based practices and tools to improve care and decrease risks associated with substance use during pregnancy, addressing co-morbid conditions such as depression and intimate partner violence. The tool kit can be found at https://www.dcfs.louisiana.gov/assets/docs/searchable/Child%20Welfare/nas_toolkit_2018_web.pdf.

Foundational work has also been done to support long-term policy and practice reform. This included identifying existing barriers and policy gaps, initiating the groundwork for legislative change around the definition and handling of prenatal neglect, and beginning the development of cross-system training strategies focused on harm reduction and family support. In 2024, Louisiana enacted legislation requiring physicians to notify DCFS when a newborn exhibits withdrawal symptoms or other observable effects due to the mother's lawful use of controlled substances during pregnancy. This notification and a Plan of Safe Care, found at Louisiana DCFS+1Legis Louisiana+1, aims to ensure appropriate support and services are available for affected families. Furthermore, legislation was passed to classify two abortion-inducing drugs, mifepristone and misoprostol, as controlled dangerous substances. This law imposes stricter regulations and penalties related to the prescription and dispensation of these medications. The DCFS has also been working to enhance its support for families affected by prenatal substance use. A new Prenatal Substance Use Brochure has been developed for inclusion on the DCFS website. This brochure aims to educate families about the importance of prenatal substance treatment in delivering a healthy baby.

The chart below provides an overview of the Substance Exposed Newborn cases received statewide:

Substance Exposed Newborns						
	FFY 2024	FFY 2025 (Oct 1, 2024-April 30, 2025)	FFY 2026	FFY 2027	FFY 2028	FFY 2029
Valid	1809	777				
Not Valid	186	65				
Total	1995	842				

**There are 32 cases pending for FFY 2024 and 292 cases pending for FFY 2025 as of 4/30/2025*

SEN Planned Activities FFY 2026: Louisiana will continue to provide quality services for Substance Exposed Newborns through continued collaboration with stakeholders, judges and legal partners. Collaboration will continue with LDH regarding the established protocol to address the needs of substance-exposed newborns. Training will be offered to staff to better understand the dynamics of substance use, how to read drug screen results, and the special needs of substance exposed newborns. The DCFS will continue to align practice with the CWADM model Phase Two through coaching to work towards developing unified assessments of risk and safety, which supports family engagement, enhances protective capacities, and supports the needs of children and families of children born substance exposed. The DCFS will continue to provide ongoing training, coaching, and support to ensure staff incorporate practices with child safety, child/family risk assessments, and case planning focused on ensuring the safety and well-being of substance exposed newborns. The aforementioned services and practices for substance-exposed newborns and their families will continue to be delivered effectively and efficiently.

The DCFS will continue to monitor the needs and services related to substance-exposed newborns through quarterly regional meetings focused on the Comprehensive Addiction and Recovery Act (CARA) and the implementation of Plans of Safe Care (POSC). These meetings will include DCFS staff and local stakeholders to discuss services for families and their substance-exposed newborns. A Prevention Consultant oversees the regional quarterly CARA meetings and bi-annual state-level meetings with all Regional CARA liaisons will be conducted to address systemic issues identified in the regional meetings. These state-level meetings will include multidisciplinary professionals to address the availability and delivery of services to infants exposed to substances, particularly concerning medical, developmental, and other special needs due to perinatal drug use. The DCFS will continue an ongoing review of policies and practices to ensure the needs of these families are met effectively.

The DCFS will continue to be part of a collaborative team receiving in-depth technical assistance (IDTA) from the National Center on Substance Abuse and Child Welfare (NCSACW) in an effort to look for ways to improve the safety, health, permanency, well-being, and recovery outcomes for families affected by substance use and co-occurring mental health disorders. This ongoing program will achieve this objective by helping states, counties, and tribes build collaboration across agencies serving children and families including substance use and mental health disorder treatment centers, child welfare and court systems, and public health, health care, and early intervention providers.

Public awareness efforts, including the creation of a family-friendly brochure, will be available soon. It will include information on Plans of Safe Care/Family Care Plans, list available services, and offer guidance on how families could access support without entering into the child welfare system. Additionally, updates to the DCFS website are underway to encourage and facilitate access to prenatal substance use treatment services.

Early Intervention Services: Policy requires referrals to Early Steps for children ages 0-3. The number of children served in the FS Program referred to the Early Steps Program has not been captured. However, during FFY 2020 there were 3,177 children served in the FS program ages 0-3. This is an unduplicated count. If a child left the FS program and returned during the same FFY, they were only counted one time.

Referrals to Early Steps for children ages 0-36 months, which have not already been referred by a pediatrician or other referent, are required. Policies related to drug and alcohol affected newborns are reviewed and include requirements outlined in CARA legislation (Comprehensive Addiction and Recovery Act). Quarterly regional CARA meetings with community stakeholders are held and documented to ensure the needs of the drug and/or alcohol affected infants, and their families are addressed and included in discussions of Early Steps referrals and potential barriers. Once the child is referred, the child will be assessed to determine if there is a developmental delay in one or more of the domains covered by the Early Steps Program. The domains include physical (vision and hearing), cognitive, social or emotional, communication and adaptive. Once the assessment is completed and the child is determined to be eligible for services, the Single Point of Entry (SPOE) is responsible for developing an Individual Family Service Plan (IFSP) and coordinating the services for the child and family. These may include services in the areas of health, nutrition, vision, occupational therapy, physical therapy, speech and language therapy, social work, family training, counseling, home visits and transportation.

Population Served: Children from birth to three years of age who have been abused or neglected, have a known or suspected developmental delay, have a medical condition which can result in a developmental delay, or a disability and are not already participating in an LDH early intervention program. Case circumstances with non-abuse/neglect, low birth weight, premature birth, exposure to domestic violence, family break up, prenatal exposure to drugs or alcohol, and/or other risk factors are some circumstances which place a child at risk of developmental delays and can be referred with the parent/caretaker's consent. Referral procedures are consistently implemented statewide.

EIS Update FFY 2025: The DCFS will continue to make referrals to Early Steps per policy. Early Steps continues to provide services to include screening, an assessment, and coordination of early intervention for children ages 0-3, with physical, intellectual and developmental disabilities. The formal use of Family Team Meetings in the Family Services program has continued this on all FS cases. To ensure these physical, intellectual, and developmental needs of children accepted by Early Steps are met, the DCFS FS caseworker has continued to include participation/compliance with Early Steps on the family's case plan goals. Child First was implemented in areas of the state with the most out-of-home placements of children ages 0-5. Social Work Professional Services, Counsel Nola, theBridge and Volunteers of America South Central Louisiana are all offering Child First services across the State of Louisiana. Counsel Nola offers services in Orleans, East Jefferson, West Jefferson, Tangipahoa, Washington, St. Bernard, Plaquemines, St. Helena, and St. Tammany parishes. Social Work Professional Services offers services in Caddo, Bossier, Webster, and Desoto parishes. TheBridge offers services in Rapides, Ouachita, Lincoln, and Lafayette parishes. Volunteers of America South Central LA (VOASCLA) began offering services in January 2024. They currently provide services in Livingston, West Baton Rouge, East Baton Rouge, East Feliciana, and West Feliciana parishes.

EIS Planned Activities FFY 2026: The DCFS plans to continue work on the expansion of Child First services in Louisiana through completion of the RFP (Request for Proposals) and selection of providers to begin SFY 2026. The submission period is closed, and the review of proposals is underway. The DCFS plans to continue to provide support to new Intercept teams and potential providers for Child First that may be new in order to ensure successful implementation in the assigned areas. The DCFS plans to ensure data collection for the Child First evaluation and timely submission of outcome reports. The DCFS plans to continue on-going communication and messaging to staff in the regions regarding the Child First and Intercept providers in their area as well as the purpose of these programs, the referral processes and overall benefits for children and families. Referrals to Early Steps for children ages 0-3 will continue and inclusion of Early Steps participation as part of the case planning process for families.

ALLOWABLE AREA: Protecting the legal rights of families, alleged perpetrators and mandated reporters

SERVICE PROVIDED:

Protecting legal rights of families and alleged perpetrators: It is the policy of the Department of Children and Family Services (DCFS) to allow all individuals the right to appeal their valid child abuse or neglect finding. Individuals are placed on the State Central Registry (SCR) or State Repository (repository) because of a valid child abuse and/or neglect investigation, after the exhaustion of an individual's due process rights. The Department has a Protective Services Review

Team (PSRT) who reviews all valid findings once an appeal has been requested or for other administrative reasons, when a valid finding may affect a client's employability or volunteer rights. Beginning July 1, 2018, any individual with a valid finding as a perpetrator of child abuse or neglect as the result of a CPS investigation has the right to an administrative appeal of the valid finding decision. The appeal process is held in accordance with Children's Code, Article 616.1.1 and the LAC Title 67, Part V. §1111.

Protecting the rights of mandated reporters: DCFS Policy 4-105 is in compliance with Louisiana Children's Code, Title 6, Article 611, which states that any person who in good faith makes a report, cooperates in an investigation, or participates in judicial proceedings authorized by the Code, or any caseworker who in good faith conducts an investigation, makes an investigative judgment or disposition, or releases or uses information contained in the central registry for the purpose of protecting a child, shall have immunity from civil or criminal liability. This immunity does not extend to any alleged principal, conspirator, or accessory to an offense involving the abuse or neglect of the child. It does not extend to any person who makes a report known to be false or with reckless disregard for the truth of the report.

Protecting Legal Rights of Families and Alleged Perpetrators Update FFY 2025: The DCFS continued to uphold the right of all individuals to appeal a valid finding of child abuse or neglect in accordance with Children's Code, Article 616.1.1, and LAC Title 67, Part V, §1111. Appeals are evaluated by the Agency's Protective Services Review Team (PSRT), which reviews all valid findings upon the initiation of an appeal or for other administrative purposes, such as when a valid finding may impact a client's employability or volunteer eligibility. The DCFS continued to ensure that individuals are aware of their legal right to due process and that the clients have access to the agency's most up-to-date information regarding the administrative appeals process including the agency's policies, guidance on what to expect during an appeal, and instructions on how to file an appeal.

In FFY 2025, Louisiana's enacted Children's Code Article 328.1, as specified in HB 443, authorizing the use of Child Advocacy Center (CAC) forensic hearings in administrative appeals. This provision establishes mandatory protections for videotapes and the communications/transcripts of forensic interviews, ensuring the integrity and confidentiality of sensitive information.

Please refer to the Protective Services Review Team section for detailed data on the number of appeals requested, the dispositions of those appeals, and the cases reviewed by PSRT categorized by region.

Protecting Legal Rights of Families and Alleged Perpetrators Planned Activities FFY 2026: The DCFS PSRT team will continuously monitor legislative sessions to identify any relevant factors that may influence the agency's capacity to uphold the legal rights of families and alleged perpetrators. In anticipation of the passage of SB 41 during the 2025 legislative session, the DCFS will implement State Central Registry clearances for investigations conducted after August 1, 2018, affecting all public and private school employees. Following the finalization and enactment of SB 41 into law, the DCFS will update its ACESS electronic data system to accurately reflect notifications of valid or substantiated findings, thereby ensuring due process is upheld. The DCFS will continue collaborating with Louisiana State Representative Senator Regina Barrow and the Sexual Abuse Taskforce to ensure that the language used in notifications to victims of sexual abuse

is more unified, trauma-informed and sensitive language. The DCFS is adopting the terms substantiated and unsubstantiated versus valid and invalid.

PROGRAM AREAS: Multi-disciplinary outreach, consultation or coordination the state has taken to support implementation with substance abuse treatment authority, hospitals, health care professionals and public health agencies.

SERVICES PROVIDED

Interagency Collaboration/Consultation with Physicians: When appropriate, the department consults with physicians or other appropriate medical professionals to obtain appropriate assessments and guidance to address health needs, including mental health needs, and well-being of foster children. Annual medical examinations are required for all foster children as are dental exams for all foster children with their first tooth, or age one year and older, whichever comes first. Other medical needs are addressed as they arise. Medical choice is limited to licensed physicians and facilities who participate in the Medicaid programs or providers who agree to bill and accept payment from DCFS.

The worker is responsible for 1) initiating plans for medical care 2) making direct referrals when indicated; and 3) maintaining current medical information in the child's case record. Responsibility for securing routine medical care is delegated to foster parents or other caregivers with assistance from the worker. For children up to one year of age, examinations shall be obtained according to the standards established by the American Academy of Pediatrics, and for all children over the age of one year at least annually or more frequently based upon the child's needs or a physician's recommendations.

Louisiana has adopted the provisions of the Affordable Care Act, which allows youth aging out of foster care to retain Medicaid coverage from age 18 to age 26. These services include only those which are needed for routine wellness or medical necessity. DCFS implemented a polypharmacy and diagnostic consultation process with a contracted Psychiatrist at LDH. Children on multiple psychotropic medications with multiple diagnoses and at risk of placement disruption are candidates for presentation on bi-weekly calls and follow-up consultations as deemed necessary. The purpose of the consultation is to educate staff on the impact multiple psychotropic medications and mental health diagnoses have on children and youth in foster care and to empower staff with information to advocate on behalf of the indicated child. The Psychiatrist consults with departmental staff to provide guidance in case planning as needed. Policy and forms were created to address the use of psychotropic medications requiring parental consent when parents continue to retain their rights, requiring that psychotropic medications be considered a last resort treatment option, and requiring a discussion of the medication's impact and options with the child, birth parent(s) and foster caregiver. A statewide WebEx was conducted to review updates to psychotropic medications policy and to provide support to staff with case specific questions on the topic. The psychotropic medications training is posted and is accessible on the DCFS website to all staff and stakeholders. Ongoing educational training and/or information WebEx trainings related to mental health issues and children in Foster Care are offered to all Foster Care staff on a quarterly basis.

The DCFS staff ensure a Trauma and Behavioral Health (TBH) screening is completed by the caregiver and by children age seven and older within 30 days of foster care entry. Subsequent TBH

screenings are completed every six (6) months thereafter. The caregiver's version is completed for children ages birth to six (6) years.

Population Served: Children and youth in the DCFS foster care program statewide and youth aging out of foster care at age 18 up to 21.

Services Provided: Treatment for resolution of emotional, behavioral or psychiatric problems to restore clients referred for outpatient mental health treatment to an acceptable level of functioning in the family and/or community in accordance with the case plan goal as well as to assess the medical and dental health and well-being of foster children.

Referrals for treatment are made based on medical necessity, treatment needs of the child and reduction of risk in the home of origin. Recommendations by medical professionals in assessing the well-being of foster children are often essential to the development of a case plan to work with the child and the family. In some cases, it is used to assess the progress with the case plan or prepare for court involvement. All treatment provided to DCFS clients is to be addressed in the case plan for the family and child.

Interagency Collaboration/Consultation with Physicians Update FFY 2025: The DCFS-FC Unit has maintained a collaborative partnership with Dr. Martin Drell, a Child and Adolescent Psychiatrist, to facilitate psychotropic medication consultations through the Louisiana Department of Health (LDH). These consultations have been instrumental in obtaining proper evaluations for children in foster care who are currently receiving psychotropic medications. Consultations are conducted on an as-needed basis, with a minimum of one consultation held monthly or quarterly for cases identified by case workers and supervisors. When a consultation is deemed necessary, The DCFS staff adhere to the established procedures outlined in the Child Welfare Memorandum regarding Psychotropic Medication Consultations. The required documentation is submitted, including all necessary attachments, to the State Office Foster Care mailbox. Upon receipt of this documentation, the foster care consultant assists in scheduling consultations for the identified cases. This contract is valid for a duration of one year.

The ongoing collaboration between DCFS and LDH reflects a commitment to oversight in order to prevent the overuse or misuse of prescribed psychotropic medications, ensuring the well-being of the children in care.

Interagency Collaboration/Consultation Planned Activities FFY 2026: The DCFS-FC Unit will continue in its consultations with Dr. Drell, who will continue to assist with scheduling consultations and provide essential documentation and recommendations to local office staff. The DCFS-FC Unit is committed to ensuring ongoing training on psychotropic medication for all staff members. The DCFS will continue to collaborate with LDH to enable children and youth in foster care who are prescribed psychotropic medications to benefit from timely and appropriate psychotropic medication consultations when necessary.

Interagency Collaboration/Healthy Louisiana (HL)/Coordinated Systems of Care: The DCFS continued to work with LDH, the Managed Care Organizations (MCO) and system providers to enhance the provider network to ensure the Child Welfare client population receives behavioral health services to meet their needs. LDH, OBH, DCFS, and OJJ will work together to strengthen service delivery. The DCFS continued educating providers, stakeholders and state agency staff on

the processes involved in securing behavioral health services. In accordance with The Family's First Prevention Service Act (FFPSA), the Behavioral Health and Placement Services Unit will develop more focused workflows to decrease reliance on congregate care settings; decrease the number of children who experience inappropriate residential treatment; increase family-care settings; and identify service gaps that prevent family care settings.

Interagency Collaboration/Healthy Louisiana (HL)/Coordinated Systems of Care Activities (CSoC) Update FFY 2025: The DCFS continued to collaborate with LDH, system health partners, and stakeholders to enhance the provider network and the Louisiana systems of behavioral health services to address the need for behavioral health treatment, services, and supports for children and youth in the custody of the DCFS. The DCFS continued to collaborate with all six of the Managed Care Organizations responsible for managing primary care and behavioral health services for children in custody, but at this time only two are preferred providers. As of January 1, 2025, LHCC was no longer a preferred provider for children in custody.

Collaboration continued with the Human Service Districts and Authorities and the State Office of Citizens with Developmental Disabilities, to address the needs of children with developmental disabilities. Frontline child welfare workers continued to work with the local governing entities and the DCFS State Office continued to work with the OCDD state office triage team on high-priority or crisis cases.

The DCFS has continued to refer children for CSoC services. The chart below reflects the number of DCFS children referred and served by the LA CSoC:

DCFS CHILDREN REFERRED TO CSoC FFY 2025			
Quarter	Dates	*Total Referred	**Total Served
1st	10/01/2024 – 12/31/2024	101	465
2nd	01/01/2025 - 03/31/2025	104	481
3rd	04/01/2024 - 06/30/2024		
4th	07/01/2024 - 09/30/2024		

Interagency Collaboration/Healthy Louisiana (HL)/Coordinated Systems of Care Activities (CSoC) Planned Activities FFY 2026: In the upcoming year the DCFS BH unit will continue to:

- Collaborate with the data division of the Louisiana Department of Health and the preferred managed care organizations to develop automatic recurring reports on utilization and outcomes of health (primary and behavioral) services rendered to children in the custody of Louisiana.
- Implement a pilot program with DePaul Federal Qualified Health Center to provide timely and comprehensive healthcare services to children who enter DCFS custody in the Greater New Orleans metropolitan area.
- Develop a stronger working relationship with the Office of the Louisiana Child Ombudsman to collaborate in efforts to advocate for children and families seeking assistance from state systems.

Requirement for Media Disclosure on Child Fatalities and Near Fatalities - Section 106(b)(2)(B)(x) of CAPTA requires states to assure the state will provide for the public disclosure of findings or information about a case of child abuse or neglect which results in a child fatality or near fatality. In compliance with this requirement, the Department has a policy regarding the release of information to the media in cases involving child fatalities and near fatalities:

- the cause of and circumstances regarding the fatality or near fatality;
- the age and gender of the child
- information describing any previous reports of child abuse or neglect investigations are pertinent to the child abuse or neglect that led to the fatality or near fatality
- the result of any such investigations
- the services provided by and actions of the state on behalf of the child that are pertinent to the child abuse or neglect that led to the fatality or near fatality

The CAPTA legislation provides for the allowance of exceptions to the release of information in order to ensure the safety and well-being of the child, parents and family or when releasing the information would jeopardize a criminal investigation, interfere with the protection of those who report child abuse or neglect or harm the child or the child's family. The department's existing policy on disclosure provides for the exception of the release of this information when the district attorney requests information not be released due to its potential to compromise a criminal investigation, criminal prosecution or when the agency thinks a release may compromise the agency's investigation.

Media Disclosure Update FFY 2025: The DCFS continued to comply with federal regulations and departmental policies in regard to media disclosure on child fatalities and near fatalities. In addition, an annual report is produced and sent to the Louisiana Legislature that contains significant data related to fatalities, near fatalities and other child abuse and neglect information. The DCFS also has a public facing portal which media can use to request fatality and near fatality information. The DCFS' Communication section provides media with legally allowable information upon request. The DCFS is an active member of the Child Death Review Panel where additional information is exchanged with parties such as the Louisiana Coroner's Association, Louisiana Sheriff's Association, etc. In addition, the DCFS reports data on child maltreatment deaths to NCANDS.

Requirement for Media Disclosure on Child Fatalities and Near Fatalities:

FFY 2024	Total Number of Children	Valid	Invalid	Inconclusive	Client Non-Cooperation	Pending
Number of Children Investigated as a Fatality	43	23	10	2	0	8

Fatality data from WebFocus Managed Reporting extracted on 5/1/25

Number of Children Investigated as a Near Fatality	Total Number of Children	Valid	Invalid	Inconclusive	Client Non-Cooperation	Pending
Investigated as a Near-Fatality Victim	99	55	28	7	0	9
Report came in as Near Fatality - Child Later Died	8	6	2	0	0	0
Near Fatalities that did not become Fatalities	91	49	26	7	0	9

Near Fatality data from WebFocus Managed Reporting extracted 05/1/2025.

FFY 2025 (October 1, 2024 – April 30, 2025	Total Number of Children	Valid	Invalid	Inconclusive	Client Non-Cooperation	Pending
Number of Children Investigated as a Fatality	28	0	2	1	0	25

Near Fatality data from WebFocus Managed Reporting extracted 05/1/2025.

Number of Children Investigated as a Near Fatality	Total Number of Children	Valid	Invalid	Inconclusive	Client Non-Cooperation	Pending
Investigated as a Near-Fatality Victim	40	5	8	1	0	26
Report came in as Near Fatality - Child Later Died	0	0	0	0	0	0
Near Fatalities that did not become Fatalities	40	5	8	1	0	26

Near Fatality data from WebFocus Managed Reporting extracted 05/1/2025.

Media Disclosure Planned Activities FFY 2026: The DCFS will continue to comply with federal regulations and departmental policies with regard to media disclosure on child fatalities and near fatalities. The DCFS will continue to collaborate with the Child Death Review Panel, Louisiana Sheriff's Association, Louisiana Coroner's Association, and other stakeholders in regard to child fatalities and near fatalities and share data along with responding to any media requests. In addition, the DCFS will continue to provide fatality and near fatality data to the Louisiana Legislature and NCANDS.

Plans of Safe Care: This statewide process consists of a comprehensive assessment of the safety and risk of the substance or alcohol exposed newborn and any other children in the home by the Child Protective Services staff and is aligned with the Child Welfare Assessment Decision Making (CWADM) model. The comprehensive assessment is designed to promote best practice in the area of engagement and assessment at initial contact to ensure adequate services and supports are identified to enhance parenting capacity. Whenever there are supports to the mother and/or treatment services available, the newborn may be discharged to his mother's care with a plan of safe care including necessary services and careful monitoring of the child's safety. Services such as home health, Family Services, substance abuse treatment and assistance from a spouse/partner or family member may provide sufficient safety for the newborn to remain with his family. When the safety assessment decision for the newborn is safe or unsafe, but with an in-home safety plan appearing sufficient to assure the safety of the newborn, the requirement for a plan of safe care is met and out of home placement is not required. Medical services to meet the child's needs are determined by the child's physician. The newborn must be referred to an early intervention program and other services recommended by the child's physician. When the safety decision for the newborn is unsafe and an in-home safety plan cannot control the safety threats, staff are expected to seek court action to assure the child's safety. Whenever the newborn remains in the home, the CWADM model guides the CPS worker in determining the necessary services for the family (e.g. Family Services, Court Ordered Safety Plan or Foster Care). When ongoing service needs are identified during the assessment process, the worker is expected to refer the family to community and/or DCFS services that may be available to meet the needs of the child and family.

Plans of Safe Care Update FFY 2025: The DCFS continued to refine its policies and procedures for identifying and supporting substance-exposed newborns. Protocols emphasize early screening, holistic family assessments, and trauma-informed service delivery. Policy requires a Plan of Safe

Care (POSC) for each SEN case to be developed collaboratively with the family and community partners before case closure. In FFY 2025, prior to the closure of valid SEN cases, Child Protective Services (CPS) workers referred families to Family Services if continued monitoring and support is needed. Family Services workers worked jointly with families to complete individualized case plans, aimed at ensuring safety, reducing the risk of recurrence, and addressing substance use and parenting challenges. CAPTA State Grant funds have been used to support the development, implementation, and monitoring of Plans of Safe Care (POSC), fund regional CARA meetings, and stakeholder engagement activities. Training has been provided for DCFS case workers and community-based partners on POSC development and family-centered service delivery. Outreach and education materials has been developed targeting prevention and early intervention in substance use, particularly in underserved communities.

POSCs are developed collaboratively with the pregnant person or caregivers by CPS workers in consultation with healthcare providers, substance use treatment specialists, Early Steps, and local service organizations. Monitoring occurs through Family Services case oversight, with regular reassessment of services and family needs. The DCFS has added quarterly CARA meetings to the Regional Child Welfare Summit meetings across the state during FFY 2025. These meetings bring together DCFS staff, service providers, community partners, and other key stakeholders. This expanded approach is designed to foster collaboration by incorporating a wide range of perspectives and expertise. The goal has been to promote shared solutions, exchange best practices, and strengthen the network of support for substance-exposed newborns and their families. Ongoing efforts remain focused on ensuring these families have access to the appropriate resources and services identified through these collaborative regional discussions. These meetings brought together stakeholders including Louisiana Department of Health (LDH), Early Steps, Easter Seals and local non-profit and social service organizations. The focus of the meetings has been to include updates on prevention services for clients with opioid and other substance use disorders, sharing of barriers to service access, and exploring cross-system solutions, highlighting new resources, community outreach strategies, and identified service gaps. The DCFS has also continued to collaborate with schools, healthcare systems, home visiting programs, and public health partners to promote consistent and coordinated responses for SENs and families. Training has been a priority area, with sessions held on trauma-informed care approaches. Cross-training opportunities have been offered at CARA meetings and through local partnerships. However, the DCFS recognizes a need for more targeted training in underserved regions, particularly where liaison roles are unfilled. Preventative efforts included educational campaigns and school-based outreach on substance use and parenting supports, promotion of early screening and intervention in prenatal settings, collaboration with cultural organizations to build trust and improve engagement with marginalized populations, and stigma reduction remains central to all outreach efforts. The DCFS has initiated awareness campaigns, support groups, and community forums to create safe spaces for dialogue and healing. Gaps have been identified in training for new or reassigned staff, stronger referral coordination in high-need areas, and data limitations regarding POSC implementation fidelity and family outcomes.

Plans of Safe Care Planned Activities FFY 2026: The DCFS will continue hosting regional CARA stakeholder meetings throughout FFY 2026. These meetings are designed to address the needs specific to substance-exposed newborns and their families, with particular emphasis on the availability and accessibility of essential services. Each meeting will include multidisciplinary professionals representing medical, behavioral health, child welfare, public health, early childhood intervention, and community-based organizations. Discussion topics will include the medical,

developmental, and social-emotional needs of infants impacted by perinatal substance exposure, barriers to service access, and strategies for improving timely referrals. Collaborative case management practices and coordinated family engagement will be assessed to ensure consistency and quality in the creation of Plans of Safe Care as required by agency policy. These planned activities for FFY 2026 represent Louisiana's continued commitment to advancing the goals of CARA and CAPTA and ensuring that every substance-exposed newborn and family receives the care, support, and resources they need to thrive**.**

Louisiana Citizen Review Panels (CRP/CRPs) 2024-2025 Final Report: The 2024–2025 CRP Statewide Report contains an update on each panel's work throughout 2024 and 2025 and recommendations for enhancements to policy, procedure, and practice within Louisiana's DCFS. Each panel's recommendations and the Department's responses to these recommendations are contained in the report. Currently, Louisiana has three (3) Citizen Review Panels (CRP) located in the North, South, and Southwest areas of the state. The Beauregard Panel, a parish-based CRP, is located in the southwestern quadrant of the state within the Lake Charles Region. The Monroe Panel is regionally based and located in the north quadrant of the state. The remaining panel is based in the Lafayette Region and located in the south quadrant of the state covering eight parishes. The Monroe, Lafayette and Lake Charles regions consist of participants and stakeholders from multiple parishes in the region for the CRP qualifying meetings including the quarterly summits.

The goal of the panel is to provide an opportunity for citizens to commit, promote and create positive change for the overall well-being and safety of children. Citizen Review Panel members are engaged and meet on a quarterly basis to review and discuss specific policies and procedures; and, where applicable, to discuss specific cases (in redacted format assuring confidentiality) of both state and local agencies as well as to prepare an annual CRP report.

Effective October 2024, the DCFS began a statewide roll out of quarterly Child Welfare Summits that combined four meetings (CQI–Continuous Quality Improvement; CRP–Citizen's Review Panel for Lafayette, Lake Charles and Monroe regions; CARA–Comprehensive Addiction and Recovery Act; and CPOC–Child Protection Oversight Committee). Following the completion of Louisiana's Optimization Plan, the CRPs have been included in these qualifying meetings. The goal of Louisiana's Optimization Plan included maximizing efficiency with consolidation, eliminating duplicative meetings, increasing stakeholder collaboration, increasing foster parent collaboration, strengthening partnerships, promoting trust and transparency, and improving outcomes for the children and families served. The quarterly summit meetings are conducted in the first month of each quarter (January, April, July, October) allowing time to collaborate, receive input from stakeholders during the summit and after through the use of a QR given, and documenting meeting details (agenda; invitation; minutes).

The summit preparation included reaching out to over 400 stakeholders from all jurisdictions/ citizens/foster parents that was compiled from each CRP region (Monroe, Lake Charles, and Lafayette). The goal was to enhance citizen representation in upcoming CRP/summit meetings. The summit also established a taskforce with members being comprised of CRP Leads/Co-leads, Stakeholders/ Citizens, Foster Caregivers, Community Partners, and key DCFS staff members. Per CAPTA, CRP mandates continue to guide the current qualifying CRP/summit meetings by including citizen representation; quarterly meetings; and addressing and recommending services to children and families. Each CRP/summit meeting addresses safety, permanency and well-being factors with trends identified, solutions/recommendations, and monitoring improved outcomes.

With the summit, exploring other regions across the state to earmark specifically for CRP and CRP yearly reporting is occurring.

2024-2025 Overall Summary of Content from the three CRP Final Reports: All three CRPs engaged a committed group of stakeholders/citizens in their regions/communities who responded and presented concerns along with recommendations due to identified trends needing calls to action with the goal of improving outcomes. It is evident how the citizens in the CRP regions diligently serve children and families and desire to improve safety, permanency and well-being outcomes. Three trends surfaced in this reporting year from the regions: Safety/Prevention, Collaboration/Communication with all Stakeholders (e.g. Citizens, Foster Parents, etc.), and staff shortages. And the CRPs agreed on recommendations to overcome barriers.

Safety/Prevention: In particular, Lafayette CRP brought to the table the need and goal to focus more on preventing removals and increasing referrals to DCFS' Family Services Program from frontline, CPS Units. As for safety planning, Monroe CRP identified a plan to enhance their Safety Planning tool kits. The Lake Charles CRP meetings included robust discussions on how stakeholders are willing to overcome barriers to getting NARCAN to DCFS consumers of services.

Collaboration/Communication: As Monroe is a rural area, this CRP is continuing relationship building with foster parents and citizens/stakeholders regarding available services and access to services. Once again, concerns included insufficient numbers of foster homes along with the current certified foster caregivers feeling unprepared for the complex needs of foster children and guidelines. Foster Parents reported they feel staff have not been responsive to their needs in a timely manner. As a result, the Monroe Region Foster Parent Collaborative was the first to roll out and other regions will follow. Recruiter positions were also added to help increase the number of foster homes in each region.

Staff Shortages: It remains a belief the unresolved understaffing issues involve caseload size and complexities giving more credence to the role of collaboration among all in a community. A belief by foster parents and staff seems, the DCFS could do more and better if the agency had more. And all citizens agreed that the need is great, requiring all to work together with the summit meetings offering to be that catalyst. Additionally, on April 7, 2025, Secretary Matlock reported requesting 125 additional child welfare staff.

Meeting information from the Lafayette, Monroe, and Lake Charles CPRs are included below:

Lafayette Region CRP Yearly Activities/Projects/Accomplishments: Lafayette Region is comprised of child welfare operations in eight parishes, operating out of nine offices, within no less than 10 courts of jurisdiction. Parishes include Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, St. Mary and Vermilion. Lafayette Region DCFS continues to lead and participate in a multitude of assemblies and outreach events throughout the region designed to improve outcomes for families and engage with community stakeholders essential to child welfare service delivery.

Historically, Lafayette Region has utilized CRP Qualifying Meetings to meet CRP guidelines as an efficient means of hearing from the community and streamlining meetings among staff and stakeholders. Embedding CRP guidelines within established panels allowed for continued cultivation of partnerships, effective exchange of information, and the exploration of ideas to help

mitigate the negative impacts on our service delivery and partnerships to improve outcomes for children and families, while being respectful of the most limited resources – time and people. As referenced previously, CRP qualifying meetings included QPI Steering Committee, Continuous Quality Improvement (CQI), Child Protection Oversight Committee Meetings (CPOC), and now the quarterly Summit meetings. Each committee included interdisciplinary stakeholders intersecting with the child welfare system, and a broad range of agency representation from frontline staff to leadership of local parish operations to ensure robust and relevant discussion and feedback loops.

Lafayette CRP meetings were held on the following dates in conjunction with the listed meetings below:
3/14/2024, CPOC
4/26/2024, CQI
6/18/2024, QPI
7/18/2024, CPOC
10/24/2024, Summit
1/31/2025, Summit
4/25/2025, Summit

Some accomplishments/activities from the meetings: To improve the agency's focus on father involvement the Lafayette Region Quarterly Supervisor Meeting in March 2024, hosting a Fatherhood Engagement session with the founder of A Father's Voice Matters and Children Trust Fund representative, Churmell Mitchell, along with Pasqueal Nguyen, with the National Quality Parenting Initiative. During this session, regional frontline leadership, learned how to give H.O.P.E. to fathers during our interactions- H = Healing; recognizing where men are hurting and visit the healing process, O = Opportunities; give them opportunities to heal and the support to change, P = Purpose; every father wants to know their purpose, and E = Energy; Sit down and show them, understanding what comes natural to a mom, does not to a dad.

Panelist of the QPI Steering Committee continued to promote QPI practice via trainings and community outreach events, including the Annual Trunk or Treat, as well as sharing resources with staff and providers to enhance practice and consistent application of policy across regions via trainings. Multiple QPI focused trainings were made available to all regional staff. Over 150 participants including DCFS staff and foster caregivers attended trainings held throughout March and September. During these sessions, The Extra Mile Family Resource Center discussed available services and their new Youth Mobile Crisis Response and Mentoring programs. The second annual Trunk or Treat was held October 26, 2024. Sponsors and volunteers assisted in making the event a success, which included community businesses and child welfare stakeholders across disciplines of healthcare, legal, mental health, substance use, social services, client service providers, and DCFS staff.

October 2024, Lafayette region hosted its first Child Welfare Summit. In the spirit of leveraging informational and transformative collaborations, the DCFS has continued to assess areas to increase efficiency in service delivery for improved family outcomes. The summit framework also included a community-based co-facilitator. This year's facilitator was Evangeline Boudreaux, Executive Director for The Extra Mile Family Resource Center. The Extra Mile, FRC for Lafayette Region, offers services and supports to stabilize families at risk of abuse and neglect by providing and coordinating prevention, intervention, and treatment services. FRC Programs hosted include

Parent Partners, Foster Parent Mentors, Kinship Navigator, My Community Cares, Home Builders Program, Peer Support Program, Meredith Place, Les Bon Amis, The Clothes Closet, Avec Les Enfants, Youth Mobile Crisis Response, and Functional Case Management.

Lafayette Region CRP 2024-2025 Identified Trends/Findings/Concerns:

1. Safety/Prevention: Staff understanding and application of Safety practices. Efforts to prevent removal and increase referrals to Family Services from CPS units in crisis due to vacancies and absenteeism.
2. Permanency: Timely permanency and early conversations about Surrenders as an option and availability of counselors. Placement availability and stability for foster children: Insufficient number of foster homes. Feelings certified foster caregivers not fully prepared for what to expect and the commitment to meeting complex needs of foster children. Foster Parents feeling staff are not responsive to their needs in a timely manner. FC staff unable to meet all needs due to caseload size and complexity.
3. Wellbeing: Relative caregivers feeling they cannot share family struggles/needs with DCFS without affecting their ability to keep relative children placed in their home. Barriers to quality contacts with parents in Foster Care cases and Family Services cases.
4. Court Collaboration: Need for improved collaboration with court systems handling CINC cases to improve consistency in CINC cases throughout JDCs.
5. Collaboration/Feedback loops: Stakeholders across meeting groups favored reducing program meetings and merging into Child Welfare Summit format and streamlining feedback loop.
6. Staffing: Overall staff shortages (frontline program and support staff) due to turnover, chronic absenteeism, imposed restrictions on hiring, overtime limitations and sustained high caseloads continue to be a driving force impeding efforts to improve communication, collaboration and application of practice between frontline staff and partners.

Lafayette Region CRP Recommendations:

1. Safety/Prevention:
    a. CWADM Coaching completed for all Supervisors in Lafayette region and coming Case reviews in 2025. Safety Plan Training provided in October 2024 for all regional frontline staff in all programs.
    b. Regional Consultants developing training for CPS and FS to increase efforts to prevent removal and reinforce prevention and in-home safety plans. Dates to be determined in early 2025. Reinforce increased utilization of Child First services.
2. Permanency:
    a. Updates to surrender policy 6-1410 Voluntary Surrender of a Child in DCFS Custody effective 12/15/2024 and increased agency access to Surrender Counselors by training licensed DCFS volunteers to conduct pre-surrender counseling refer to TM 24-094.
    b. Ensure referrals made to resources available that include in person training, support groups and utilization of Mobile Crisis Unit to help stabilize or transition families. Recruitment events for foster parents.
3. Wellbeing:
    a. Efforts to increase referrals of relative foster caregivers to Kinship Navigator early on for supports.
    b. Quality Contacts training
4. Court Collaboration:

a. Region to contact Court Improvement Program (CIP) on approaches to improve bench timelines and offer educational outreach to judges and ADAs.

5. Collaboration/ Feedback Loop:
    a. The DCFS has embedded a number of ways to increase awareness of opportunities for stakeholders to provide feedback and contribute to the DCFS performance enhancement during and in between Summit sessions. The Child Welfare Summit established a QR Code for electronic referrals. The QR code/CQI referral form will serve as primary feedback loop for DCFS staff and stakeholders to share additional information/concerns/topics during Summit Meetings, shared in meeting invitations and posted throughout local offices to be addressed at subsequent Summits.
6. Staffing:
    a. Leadership of parishes are continuously identifying ways to help staff prioritize efforts and developing strategies to work more efficiently within our means of available resources.
    b. Regional leadership continues to advocate for filling additional frontline staff above the imposed cap.

Monroe Region CRP Yearly Activities/Projects/Accomplishments: The Monroe Region Citizens Review Committee has had an increase in the number of community partners, citizens and other stakeholders who attending the meeting since the start of the quarterly Child Welfare Summit meetings. This has increased the feedback given on how to improve service delivery in various areas in a much more efficient way. The Monroe region used new tools provided by State Office, including the Collateral Desk Reference utilized in CWADM Coaching to assist with follow-up questions for assessment and explore whether program staff can be utilized to educate frontline staff. The Foster Care Fact Sheet was provided to foster parents in an effort to address the common issues foster caregivers have expressed in that they either aren't aware of policy or that policy is interpreted differently from region to region. This Fact Sheet is posted on the DCFS website and via a RAVE alert to all foster caregivers. A list of various acronyms that the agency utilized during the presentation was shared with all participants as well as a Resource Book. A new process for certifying relatives/fictive kin was adopted in Monroe regions including Foster Care completing Form 417 and 427C with the family at placement and a referral to HD within 15 days of placement. Then HD will contact the family within two business days of receipt of the referral packet to begin the process.

Monroe CRP meetings were held on the following dates in conjunction with the listed meetings below:
3/22/2024, CPOC
4/17/2024, CQI
4/26/2024, CPOC
7/11/2024, CPOC
10/22/2024, Summit
1/28/2025, Summit
4/29/2025, Summit

Some accomplishments/activities from the meetings include: During the CFSR Review Period 2 (2024) where six cases were reviewed, it was reported the region made concerted efforts to assess and address the risk and safety concerns relating to child(ren) in their own homes or while in foster

care. Strengths noted were quality conversations and assessments with foster parents, ongoing concerted attempts to look for parents, through documentation of visits with Foster Parent and child, and accurate risk and safety completed within the foster homes.

In the area of recruitment of foster homes and the collaborations the agency has made in local communities, Angela Scriber, CW Consultant/Recruiter for Monroe Region, actively worked with First West Church, West Monroe Mayor, Grambling State University, Kiroli Park, University of Louisiana at Monroe, etc., and was influential in assisting with the launch of the Foster Caregiver Advisory Board (FCAB). These efforts have aided in a more positive relationship between foster parents and Child Welfare staff. Also, as of September 2024 there were 23 registrants for the October/November 2024 cohort of Crossroads NOLA "A Journey Home", which was the greatest number to date for Monroe region.

Great efforts were made by LuJuana James, CW Consultant, in keeping the agency informed via email with attachment of flyers and announcement of resources and events to share with clients. Clients who attended these occasions are able to gain valuable information and beneficial services within their own communities. One example is the Parent Café hosted by My Community Cares where on June 27, 2024, attendees received legal assistance on domestic violence & family law, information on public housing, utilities, federal benefits, etc.

<u>Monroe Region CRP 2024-2025 Identified Trends/ Findings/Concerns</u>:

- More community resources are needed within the rural areas.
- Law enforcement's understanding and involvement regarding after hour and on-call procedures of the agency were unclear.
- Worker caseloads numbers exceed the standard level.
- Foster caregivers suggested an online questionnaire to address safety, risk, contacts with parents, family visit and etc., that foster parents could complete and provide to the workers.
- Greater concerted efforts are needed to meet with the family and locate absent parents and family members. Worker must understand that concerted efforts is not just one attempt. The agency can utilize Team Specialists to assist with concerted some efforts to locate family. Also, during staffings try to complete Vinelink, CLEAR and IV-E searches.

<u>Monroe Region CRP Recommendations:</u>

- The Hotline number was shared with law enforcement.
- The Agency will continue relationship building and working hand-in-hand with foster parents by utilizing the open forum of the Foster Caregiver Advisory Board meeting. Also, a region wide phone listing of staff has been created and provided to all foster parents. The listing will be updated and resent to foster parents if/when there are changes with staff such as change in program, supervisor, phone number or staff leaving the agency.
- Participants are urged to complete the CQI Referral-QR code regarding any concerns (i.e. safety for workers, lighting in the parking lot, etc.)
- State Office is following up with Program Specific Safety Plan Examples and other tools from Safety Plan Training.
- State Office is requesting information related to the relative request for SCR waiver clearance be provided to all staff in a Policy monthly call and State office follow up with CIP CQI to provide information about the specific issues related to the DA and City Court.

Lake Charles Region CRP Yearly Activities/Projects/Accomplishments: The Lake Charles Region Citizens Review Committee has been able to obtain feedback from community partners, citizens and other stakeholders on how to improve service delivery in various areas. The CRP has fully transitioned its focus on a more regional and broader scope of child welfare area of improvement. The use of Citizens Review Panel meetings has provided child welfare employees with knowledge, understanding and clarity on how to enhance service delivery to ensure the safety of children. Child welfare and stakeholders obtained information on how to access an array of services to the crisis line, parenting, information on how families can access Narcan, and other community-based resources. This year's activities also provided the agency with information about the community's concern about safety of children identifying a need for child welfare to take an integral role in educating communities about the child welfare process.

Lake Charles CRP meetings were held on the following dates in conjunction with the meetings listed below:
6/13/2024, CPOC
9/26/2024, Child Youth Service Planning Board (CYSB)
10/24/2024, Summit
12/11/2024, CAAT
2/27/2025, Summit
4/24/2025, Summit

Some accomplishments/activities from the meetings include: With the new Summit meetings the region has seen an improvement in the ability to collaborate and share information, brainstorm, educate, and identify services available to the families in the community. The agency was able to learn about the need for families to have access and knowledge about the use and benefits of NARCAN when a family member have an opioid addiction. It was learned Safe sleep forms used by child welfare staff need to be updated to share accurate information and to provide accurate safe sleep assessments.

The agency and stakeholders were also reminded about, Child Adolescence Response Team (CART), and encouraged to use this resource when needed. The goal of CART is to prevent hospitalization, out of home placement, and provide families with support, advocacy and referrals in their area.

Lake Charles Region CPR 2024-2025 Identified Trends/Findings/Concerns:

- Underutilized: It was reported by the vendor, Child Adolescence Response Team (CART), how the crisis line had not received many phone calls from child welfare clients or calls from DCFS staff members whose consumers of services are in need of professional help due to an active crisis. The presenter provided magnets with the CART number to DCFS staff and other stakeholders who in turn are to provide to their consumers who may benefit from this resource.

Lake Charles Region CRP Recommendations:

- Provide ongoing information about the resources available in the area to help meet the needs of the clients.

- Child welfare workers, supervisors and managers will share information about the crisis resource line available to help families prevent removals and de-escalate youth and/or caretakers during a time of crisis.
- Child welfare staff will share community resources on how to access NARCAN if they are interested in learning more on how to use NARCAN in the event of an opioid overdose.

Detailed notes for each meeting are available, if needed.

The identified trends/concerns and recommendations were submitted to the DCFS and the DCFS provided a written response found below:

CRP responses from Assistant Secretary Dr. Hook (with executive team members engaged) on May 21, 2025

Lafayette

1. Staffing concerns: Is there approval for additional frontline staff to address staffing shortages that impact outcomes for children and families?

   Lafayette CRP Comment: Current training initiatives have shown minimal effectiveness in alleviating the challenges that overwhelmed and under-resources staff face in high-pressure decision-making situations.

Statewide response: Child Welfare leadership continues to monitor the number of staff in each region and caseloads by program. We are working to fill every position currently available and requesting more funding for additional positions from the Legislature. We are in the midst of a project to identify needs within our Training curriculum and will be evaluating changes that need to be made as a result. In addition, we are building additional supports and resources every day through our resource centers, community collaborates and faith-based initiatives.

Lake Charles

1. Approval to Hire Staff: Is there approval for hiring additional frontline staff to alleviate retention challenges and improve the quality of services for children and families?

Statewide response: Child Welfare leadership continues to monitor the number of staff in each region and caseloads by program. We are working to fill every position currently available and requesting more funding for additional positions from the Legislature.

Monroe

1. Community Resources: This acknowledges the need for expanded community resources in rural areas.
2. Caseload Concerns: Current worker caseloads exceed acceptable standards.
3. Foster Care Feedback: Suggestions from foster caregivers for an online questionnaire addressing various topics such as safety, risks, and family contacts.

Statewide response: Child Welfare leadership continues to monitor the number of staff in each region and caseloads by program. We are working to fill every position currently available and requesting more funding for additional positions from the Legislature. We are aware of the lack of resources in rural areas for many of the services families and children in our care need. We are

working with medical and behavioral health providers, nongovernmental organizations and other state agencies to explore all resources and provide those to our regional staff and the families we serve.

Every Foster Caregiver with a child placement should receive a feedback form to provide information concerning the child, the department, and the overall case. The foster caregiver mentor and the Louisiana Foster Care Support Organization are resources for caregiver feedback along with the HD caseworker. Additionally, Monroe Region has kicked off their Foster Caregiver Advisory Board, which can be an avenue to for advocating for new processes.

STATISTICAL AND SUPPORTING INFORMATION:

A. Annual State Data Report: The number of children reported to DCFS as victims of child abuse and neglect, the number of reports substantiated, unsubstantiated and/or determined to be false; and, of the number of children reported the number of children who received services during the reporting year. For additional information, see the chart in the Centralized Intake section.

B. Information on Child Protective Workforce: Louisiana DCFS provides Child Welfare (CW) services for children and families of the state beginning from intake through adoption. Child Protective Services (CPS) staff are responsible for the assessment of safety and risk, the assessment of the child and parental protective capacity, and the service provision and/or referral in reports of abuse and neglect. In-home services and out-of-home services are provided to ensure the safety, permanency and well-being of children impacted by abuse/neglect. Staff members are generally assigned to a single parish as well as a single program, but in some instances, staff have multi-parish assignments within a region and work in more than one program. The demographic information for child protective service personnel responsible for intake, screening, assessment and investigation of child abuse and neglect reports in the state is found below:

a) Demographic Information of child protective service personnel:

Age of Employee	FFY 2024	FFY 2025	FFY 2026	FFY 2027	FFY 2028
19	0				
20-29	20.69%				
30-39	29.74%				
40-49	28.45%				
50-59	15.52%				
60-69	4.31%				
70-79	1.29%				

Race of Employee	FFY 2024	FFY 2025	FFY 2026	FFY 2027	FFY 2028
American Indian or Alaska Native	0				
Asian	0				
Black or African American	78.02%				
Native Hawaiian or Pacific Islander	0				
White	21.12%				
Hispanic or Latino	.86%				

Gender of Employee	FFY 2024	FFY 2025	FFY 2026	FFY 2027	FFY 2028
Female	88.36%				
Male	11.64%				

b) Caseload or workload requirements for Child Protective Service Workforce: Factors that affect workload include staffing levels, caseload size, extended new worker training, reassignment of staff, higher expectations for performance and quality, Family Medical Leave, and overtime.

Staffing Levels: Every effort will be made to maintain current staffing levels for child welfare during the next five budget years.

c) Training - Extended New Worker Training: The Department plans to continue the extended training and reduced caseloads for new workers for the first six months of employment. This is recognized as an important practice to ensure that new workers are fully prepared for the challenging career child welfare offers. Achieving the goal of improved retention of staff will significantly reduce the impact that extended new worker training has on the caseloads of experienced workers. The DCFS CW staff also expects the supervisory training to result in better preparation of new staff and reduce the high rate of turnover among staff with three or fewer years of experience. (For additional information on New Worker Training and supervisory training, please refer to the Training Plan section of this plan.)

The caseloads for experienced and new CPS workers are shown in the chart below:

Child Welfare Caseload Standards		
Program	**Caseload Standard for Experienced Workers**	**Maximum Caseload for Workers with Less than Six Months Experience**
CPS	10	7

The baseline for caseload size is the average caseload for each region and statewide for the CPS program. The goal for caseload size is to achieve the caseload standard of ten in the CPS program statewide. The DCFS is still working to retain staff and rapidly hire new staff to replace departed workers in an effort to maintain caseload size standards. The table below provides caseload standards for experienced workers in the child welfare program in Child Protective Services (CPS). The chart provides an average caseload per worker in each region and statewide during FFY 2024. The average caseload sizes for CPS were above the caseload standard of ten in all nine regions. However, as indicated in the table below, during FFY2024 CPS caseloads decreased by 8.7% since FFY 2023. Statewide, the average number of cases per CPS worker during FFY 2024 was 13.11. During FFFY 2024, CPS caseloads decreased from FFY 2023 in every region across the state except in Alexandria and Baton Rouge regions with Alexandria region having the highest caseload average at 16.31.

Child Protective Services Caseloads (Standard = 10)						
Region	**FFY 2023**	**FFY 2024**	**FFY 2025**	**FFY 2026**	**FFY 2027**	**FFY 2028**
Orleans	16.13	13.79				
Baton Rouge	15.06	15.13				
Covington	13.97	12.27				
Thibodaux	14.17	12.47				

Child Protective Services Caseloads (Standard = 10)						
Region	**FFY 2023**	**FFY 2024**	**FFY 2025**	**FFY 2026**	**FFY 2027**	**FFY 2028**
Lafayette	13.38	11.87				
Lake Charles	14.50	12.25				
Alexandria	15.01	16.31				
Shreveport	13.70	12.22				
Monroe	12.16	10.67				
Statewide	**14.36**	**13.11**				

d) Supervision: Increasing the knowledge level of supervisors with limited supervisory experience is a priority of the Department (For additional information on supervisory training please refer to the Training Plan portion of this plan.)

The table below provides the total number and percentage of supervisors and managers with less than three years of experience in each region.

Supervisors with Three Years or Less Experience for FFY 2024			
Region	**Total CW Supervisors**	**Number of Supervisors Under Three Years' Experience**	**Percentage of Supervisors Under Three Years' Experience**
Orleans	21	8	38.10%
Baton Rouge	19	16	84.21%
Covington	27	14	51.85%
Thibodaux	17	11	64.71%
Lafayette	30	22	73.33%
Lake Charles	13	8	61.54%
Alexandria	18	13	72.22%
Shreveport	22	9	40.91%
Monroe	20	13	65.00%
Statewide	**187**	**114**	**60.96%**

For FFY 2024, Baton Rouge region supervisors had the highest percentage of supervisors, at 84.21%, with less than three years of experience and Orleans region had the highest number of supervisors with more than three years of supervisory experience. In Orleans region, there is a total of twenty-one CW supervisors, with only eight having less than three years of experience. Statewide, 60.96% of supervisors have less than three years of experience.

Managers with Three Years or Less Experience for FFY 2024			
Region	**Total CW Managers**	**Number of Managers Under Three Years' Experience**	**Percentage of Managers Under Three Years' Experience**
Orleans	9	2	22.22%
Baton Rouge	31	24	77.42%
Covington	6	2	33.33%
Thibodaux	6	2	33.33%
Lafayette	7	3	42.86%
Lake Charles	4	1	25.00%
Alexandria	4	3	75.00%
Shreveport	4	2	50.00%
Monroe	4	2	50.00%
Statewide	**75**	**41**	**54.67%**

Statewide, 54.67% of CW managers have less than three years of experience. Baton Rouge region had the highest percentage of managers with less than three years of experience at 77.42%. In Baton Rouge region, twenty-four of the thirty-one supervisors had less than three years of experience. However, Orleans region only had 22.22% their managers with less than three years of experience.

e) **Supervisor and Manager Education:** The Department continues to work with Louisiana's universities to attract and recruit students to participate in the IV-E stipend program. During FFY 2022, the DCFS began offering incentives in continuing education funding for an advanced education or an Advanced Leadership Certification program for employees desiring to pursue a Master of Social Work degree or leadership opportunities within the agency. The DCFS has continued to offer incentives in continuing education funding for an advanced education or an Advanced Leadership Certification program for employees desiring to pursue a Master of Social Work degree or leadership opportunities within the agency. (For additional information on continuing education incentives please refer to the Training Plan portion of this plan.) In FFY 2024, 100% of the DCFS supervisory staff earned a BSW or bachelor's degree in a related field and 37.43% of the DCFS supervisory staff statewide earned a master's degree in social work or a related field.

Child Welfare Supervisors - Highest Degree Held FFY 2024							
Region	**# of CW Supervisors**	**# BSW**	**# Related Bachelor's**	**# MSW**	**# Related Master's**	**Total MSW or Related Master's**	**% MSW or Related Master's**
Orleans	21	1	2	16	2	18	85.71%
Baton Rouge	19	6	9	4	0	4	21.05%
Covington	27	9	13	3	2	5	18.52%
Thibodaux	17	1	9	2	5	7	41.18%
Lafayette	30	0	23	6	1	7	23.33%
Lake Charles	13	1	9	1	2	3	23.08%
Alexandria	18	3	8	5	2	7	38.89%
Shreveport	22	4	7	6	5	11	50.00%
Monroe	20	5	7	4	4	8	40.00%
Statewide	**187**	**30**	**87**	**47**	**23**	**70**	**37.43%**

For managerial staff, 58.67% achieved a master's degree in social work or a related field. All of the managers in Orleans region held a master's degree in social work or a related field. Additionally, Baton Rouge, Covington, Thibodaux, and Lafayette regions all had at least 50% of their managerial staff with a master's in social work or related field as their highest degree earned.

Child Welfare Managers - Highest Degree Held FFY 2024							
Region	**# of CW Managers**	**# BSW**	**# Related Bachelor's**	**# MSW**	**# Related Master's**	**Total MSW or Related Master's**	**% MSW or Related Master's**
Orleans	9	0	0	8	1	9	100.00%
Baton Rouge	31	8	6	11	6	17	54.84%
Covington	6	0	1	3	2	5	83.33%
Thibodaux	6	0	2	3	1	4	66.67%
Lafayette	7	0	3	2	2	4	57.14%
Lake Charles	4	0	3	1	0	1	25.00%
Alexandria	4	1	2	1	0	1	25.00%

Shreveport	4	2	1	1	0	1	25.00%
Monroe	4	1	1	2	0	2	50.00%
Statewide	**75**	**12**	**19**	**32**	**12**	**44**	**58.67%**

Pay: Per State Civil Service Rule 6.32 – In order to maintain market competitiveness, the DCFS provided market adjustments for employees in active status six months prior to the disbursement date, except for those serving as classified When Actually Employed (WAE) employees. The market adjustments began in FFY 2017 and disbursements began in July 2018. The amount of base pay adjustments range from 2% to 4% and is tier based. Per State Civil Service Rule 6.32 – In order to maintain market competitiveness, the DCFS has continued to provide Market Adjustments for employees in active status six months prior to the disbursement date, except for those serving as classified When Actually Employed (WAE) employees. The special pay rate has remained in effect but is contingent upon funding being available and premium pay is discontinued if an employee leaves the job title/position authorized for the special pay. The agency may re-assess "need" and the allocation of funding resources at any time and may rescind or change the amount given. However, sufficient notice must be provided to the employee and notification must be sent to State Civil Service of any changes in the amount paid. There have been no changes made to the pay schedule for child welfare staff during the FFY 2024 or thus far in 2025 other than the annual market adjustment that was last granted on July 15, 2024.

Staff Turnover: The goal for staff turnover has been to work towards reducing the turnover rate by at least 5% in each region with a turnover rate greater than 20%, and by at least 3% in other regions.

In CY 2024, the turnover statewide was 19.65% which decreased 28.05% from CY 2023. During CY 2024, Louisiana DCFS had a total of 1,038 employees and 204 separations with a 2024 annual turnover rate of 19.65%. This has greatly improved from 27.31% in CY 2023. Lafayette had the lowest turnover at 10.19% during CY 2024 with Baton Rouge region again being the highest at 40.57%.

DCFS Staff Turnover by Region									
Region	**CY 2023**	**CY 2024**	**%Change YoY**	**CY 2025**	**%Change YoY**	**CY 2026**	**%Change YoY**	**CY 2027**	**%Change YoY**
Orleans	32.48%	21.43%	-34.02%						
Baton Rouge	57.61%	40.57%	-29.58%						
Covington	20.74%	18.79%	-9.40%						
Thibodaux	35.37%	20.00%	-43.45%						
Lafayette	16.23%	10.19%	-37.22%						
Lake Charles	11.11%	11.11%	0.00%						
Alexandria	23.86%	20.21%	-15.30%						
Shreveport	25.45%	15.63%	-38.59%						
Monroe	29.41%	22.55%	-23.33%						
Statewide	**27.31%**	**19.65%**	**-28.05%**						

*A percentage change calculator was used to determine the year-to-year change.

The DCFS also continued to discuss vacancies, turnover, any trends identified, the interview/hiring process, and ways to promote increased applications within each region. The DCFS began conducting stay and wellbeing surveys in October 2022 in an effort to decrease staff turnover rates.

Thus far, the employees who completed the survey expressed a complex relationship with their roles, citing passion for helping children and families as a primary motivator for staying. However, significant concerns emerged regarding overwhelming workloads, inadequate communication, and discrepancies between job expectations set during interviews and the realities of the work. Many respondents indicated a need for better support and clarity from supervisors to navigate their responsibilities effectively. This information is shared with each regional area director during quarterly meetings.

Turnover by Length of Service: Based on consistent history, approximately 50% of all turnovers occur within the first five years of employment.

Supervision and Management Turnover: Much of the turnover of staff with more than ten years of experience is the result of retirements, and those retiring employees frequently leave supervisory and management positions. As a result, the level of experience at the supervisory and management level remains lower than desired. Some vacancies at this level were due to internal promotion, staff relocation and/or personal reasons.

During CY 2024, 138 of the 204 staff (67.65%) that left the agency had less than three years of child welfare experience. Of those with 10+ years, only 17 (8.33%) left their position during 2024. Reasons for separation include death (1), dismissal (5), resigned (145), retired (11), separated from probation (22), temporary appointment (4), and transferred (16).

Education and Experience Requirements for Child Welfare Workers and Other Professionals Responsible for the Management of Cases and Child Welfare Staff: As a Louisiana state agency, DCFS is required to follow the rules set forth by the Department of Civil Service in accordance with Article X, Section 7 of the Louisiana Constitution. Employment practices are to be based on "merit, efficiency, fitness and length of service". As required, the Department posts vacant positions to the Civil Service LA Careers on-line system, interested individuals apply, and, from these applications, a certificate of eligible candidates that meet the qualification requirements for the job is developed and provided to hiring managers. At times throughout the year, preference is given to hiring Title IV-E stipend students into Child Welfare Specialist jobs upon graduation to gain the benefit of their interest in child welfare and their child-welfare specific social work education, along with encouraging their long-term careers in child welfare. Through the Title IV-E program, the DCFS has continued a partnership with eight public Universities in Louisiana to fund Social Work interns-to-employment. The Department began an initiative to recruit last-semester college graduates to join the Department through a paid internship education and development program. The Department also increased career opportunities with DCFS through a State Civil Service qualifications expansion, allowing career crossover candidates with increased education, knowledge, and experience to join the workforce at a salary commensurate with their expertise.

Social Services Analyst positions are used in IV-E Eligibility Determination Units:
Social Services Analyst 1 (SS410) **Updated Job Description for FFY2024**

MINIMUM QUALIFICATIONS: Three years of experience in social services; OR six years of full-time experience in any field; OR a bachelor's degree.

EXPERIENCE SUBSTITUTION: Every 30 semester hours earned from an accredited college or

university will be credited as one year of experience towards the six years of full-time work experience in any field. The maximum substitution allowed is 120 semester hours, which substitutes for a maximum of four years of experience in any field.

Social Services Analyst 2 (SS411) **Updated Job Description for FFY2024**

MINIMUM QUALIFICATIONS: Four years of experience in social services; OR six years of full-time experience in any field, plus one year of experience in social services; OR a bachelor's degree plus one year of experience in social services; OR an advanced degree in a social sciences field.

EXPERIENCE SUBSTITUTION: Every 30 semester hours earned from an accredited college or university will be credited as one year of experience towards the six years of full-time work experience in any field. The maximum substitution allowed is 120 semester hours, which substitutes for a maximum of four years of experience in any field.

Social Services Analyst 3 (SS413) **Updated Job Description for FFY2024**

MINIMUM QUALIFICATIONS: Five years of experience in social services; OR six years of full-time experience in any field plus two years of experience in social services; OR a bachelor's degree plus two years of experience in social services; OR an advanced degree in a social sciences field plus one year of experience in social services.

EXPERIENCE SUBSTITUTION: Every 30 semester hours earned from an accredited college or university will be credited as one year of experience towards the six years of full-time work experience in any field. The maximum substitution allowed is 120 semester hours, which substitutes for a maximum of four years of experience in any field.

Child Welfare Specialist positions are used in front-line service for Child Protective Services, Family Services, Foster Care, Adoptions and Home Development Programs:

Child Welfare Specialist Trainee (SS411) Updated Job Description for FFY2024

MINIMUM QUALIFICATIONS: Three years of experience in child welfare; OR six years of full-time work experience in any field; OR a bachelor’s degree.

NECESSARY SPECIAL REQUIREMENT:
Possession of a high school diploma or equivalent.
A current driver's license and access to a personal vehicle.

NOTE: The incumbent of this position must not have been convicted or pled nolo contendere to a crime listed in R.S. 15.587.1 (c).

Child Welfare Specialist 1 (SS412) Updated Job Description for FFY2024

MINIMUM QUALIFICATIONS: Four years of experience in child welfare; OR six years of full-time work experience in any field plus one year of experience in social services, health services, law enforcement, or investigatory work; OR a bachelor’s degree plus one year of

experience in social services, health services, law enforcement, or investigatory work; OR an advanced degree in a social science or behavioral health field, nursing, or a juris doctorate.

NECESSARY SPECIAL REQUIREMENT:
Possession of a high school diploma or equivalent.
A current driver's license and access to a personal vehicle.

NOTE: The incumbent of this position must not have been convicted or pled nolo contendere to a crime listed in R.S. 15.587.1 (c).

Child Welfare Specialist 2 (SS414) Updated Job Description for FFY2024

MINIMUM QUALIFICATIONS: Five years of experience in child welfare; OR six years of full-time work experience in any field plus two years of experience in social services, health services, law enforcement, or investigatory work; OR a bachelor's degree plus two years of experience in social services, health services, law enforcement, or investigatory work; OR an advanced degree in a social science or behavioral health field, nursing, or a juris doctorate plus one year of experience in, social services, health services, law enforcement, or investigatory work.

NECESSARY SPECIAL REQUIREMENT:
Possession of a high school diploma or equivalent.
A current driver's license and access to a personal vehicle.

NOTE: The incumbent of this position must not have been convicted or pled nolo contendere to a crime listed in R.S. 15.587.1 (c).

Child Welfare Specialist 3 (SS415) Updated Job Description for FFY2024

MINIMUM QUALIFICATIONS: Six years of experience in child welfare; OR six years of full-time work experience in any field plus three years of experience in social services, health services, law enforcement, or investigatory work; OR a bachelor's degree plus three years of experience in social services, health services, law enforcement, or investigatory work; OR an advanced degree in a social science or behavioral health field, nursing, or a juris doctorate plus two years of experience in social services, health services, law enforcement, or investigatory work.

NECESSARY SPECIAL REQUIREMENT:
Possession of a high school diploma or equivalent.
A current driver's license and access to a personal vehicle.

NOTE: The incumbent of this position must not have been convicted or pled nolo contendere to a crime listed in R.S. 15.587.1 (c).

Child Welfare Supervisor (SS417): Provides services in child-welfare program areas administered by the Department of Children and Family Services by supervising a unit of professional child welfare staff. **Updated Job Description for FFY2024**

MINIMUM QUALIFICATIONS: Six years of experience in child welfare; OR six years of full-time work experience in any field plus three years of experience in child welfare; OR a bachelor's degree plus three years of experience in child welfare; OR an advanced degree in a social science or behavioral health field, nursing, or a juris doctorate plus two years of experience in child welfare.

NECESSARY SPECIAL REQUIREMENT:
Possession of a high school diploma or equivalent.
A current driver's license and access to a personal vehicle.

NOTE: The incumbent of this position must not have been convicted or pled nolo contendere to a crime listed in R.S. 15.587.1 (c).

Child Welfare Consultant (SS418): Provide consultation and program guidance to managers and other child welfare staff. **Updated Job Description for FFY2024**

MINIMUM QUALIFICATIONS: Seven years of experience in child welfare; OR six years of full-time work experience in any field plus four years of experience in social services, health services, law enforcement, or investigatory work; OR a bachelor's degree plus four years of experience in social services, health services, law enforcement, or investigatory work; OR an advanced degree in a social science or behavioral health field, nursing, or a juris doctorate plus three years of experience in social services, health services, law enforcement, or investigatory work.

NECESSARY SPECIAL REQUIREMENT:
Possession of a high school diploma or equivalent.
A current driver's license and access to a personal vehicle.

NOTE: The incumbent of this position must not have been convicted or pled nolo contendere to a crime listed in R.S. 15.587.1 (c).

Child Welfare Manager 1 (SS420): Manage a state office unit responsible for the administration of child welfare programs, or several special programmatic support functions, or the contracts and federal eligibility function for the agency. **Updated Job Description for FFY2024**

MINIMUM QUALIFICATIONS: Seven years of experience in child welfare; OR six years of full-time work experience in any field plus four years of experience in child welfare; OR a bachelor's degree plus four years of experience in child welfare; OR an advanced degree in a social science or behavioral health field, nursing, or a juris doctorate plus three years of experience in child welfare.

NECESSARY SPECIAL REQUIREMENT:
Possession of a high school diploma or equivalent.
A current driver's license and access to a personal vehicle.

NOTE: The incumbent of this position must not have been convicted or pled nolo contendere to a crime listed in R.S. 15.587.1 (c).

DCFS Area Director (SS421): Direct social service operation activities for a region as defined by the Department of Children and Family Services. **Updated Job Description for FFY2024**

MINIMUM QUALIFICATIONS: Three years of the required experience for the following minimum qualifications must have been at the supervisory level or above in Child Support Enforcement, Child Welfare, or Economic Stability programs: Nine years of social services experience; OR six years of full-time experience in any field plus six years of social services experience; OR a bachelor's degree plus six years of social services experience; OR an advanced degree in a social sciences field, business, public, or health administration, or a Juris Doctorate plus five years of social services experience.

EXPERIENCE SUBSTITUTION: Every 30 semester hours earned from an accredited college or university will be credited as one year of experience towards the six years of full-time work experience in any field. The maximum substitution allowed is 120 semester hours, which substitutes for a maximum of four years of experience in any field.

DCFS Regional Administrator (SS 423): Serve as administrator over social service field activities for multiple regions as defined by the Department of Children and Family Services. **Updated Job Description for FFY2024**

MINIMUM QUALIFICATIONS:
Four years of the required experience for the following minimum qualifications must have been at the supervisory level or above in Child Support Enforcement, Child Welfare, or Economic Stability programs: ten years of social services experience; OR six years of full-time experience in any field plus seven years of social services experience; OR a bachelor's degree plus seven years of social services experience; OR an advanced degree in a social sciences field, business, public, or health administration, or a Juris Doctorate plus six years of social services experience.

EXPERIENCE SUBSTITUTION: Every 30 semester hours earned from an accredited college or university will be credited as one year of experience towards the six years of full-time work experience in any field. The maximum substitution allowed is 120 semester hours, which substitutes for a maximum of four years of experience in any field.

Child Welfare Manager 2 (SS422): Administer complex child welfare statewide program(s) and/or direct statewide functions and practices. **Updated Job Description for FFY2024**

MINIMUM QUALIFICATIONS: Seven years of experience in child welfare; OR six years of full-time work experience in any field plus four years of experience in child welfare; OR a bachelor’s degree plus four years of experience in child welfare; OR an advanced degree in a social science or behavioral health field, nursing, or a juris doctorate plus three years of experience in child welfare.

NECESSARY SPECIAL REQUIREMENT:
Possession of a high school diploma or equivalent.
A current driver's license and access to a personal vehicle.

NOTE: The incumbent of this position must not have been convicted or pled nolo contendere to

a crime listed in R.S. 15.587.1 (c).

Classified Administrative Services Positions that Support Child Welfare:
Program Specialist-Social Services (SS414): Provide professional support services for social service programs. **Updated Job Description for FFY2024**

MINIMUM QUALIFICATIONS: Five years of experience in administrative services, public health, social services, or health services; OR six years of full-time experience in any field plus two years of experience in administrative services, public health, social services, or health services; OR a bachelor's degree plus two years of experience in administrative services, public health, social services, or health services; OR an advanced degree in a social science field, public health, counseling, social work, rehabilitation services, business, public, or health administration, or Juris Doctorate plus one year of experience in administrative services, public health, social services, or health services.

EXPERIENCE SUBSTITUTION: Every 30 semester hours earned from an accredited college or university will be credited as one year of experience towards the six years of full-time work experience in any field. The maximum substitution allowed is 120 semester hours, which substitutes for a maximum of four years of experience in any field.

Executive Staff Officer (AS616): Serve as a confidential assistant to an Assistant Secretary or equivalent level administrator. **Updated Job Description for FFY2024**

MINIMUM QUALIFICATIONS: Six years of experience in administrative services; OR six years of full-time experience in any field plus three years of experience in administrative services; OR a bachelor's degree plus three years of experience in administrative services; OR an advanced degree, or a Juris Doctorate, plus two years of experience in administrative services.

EXPERIENCE SUBSTITUTION: Every 30 semester hours earned from an accredited college or university will be credited as one year of experience towards the six years of full-time work experience in any field. The maximum substitution allowed is 120 semester hours, which substitutes for a maximum of four years of experience in any field.

Program Consultant – Social Services (SS417): Provide advanced professional level support services for social service programs. **Updated Job Description for FFY2024**

MINIMUM QUALIFICATIONS: Six years of experience in administrative services, public health, social services, or health services; OR six years of full-time experience in any field plus three years of experience in administrative services, public health, social services, or health services; OR a bachelor's degree plus three years of professional level experience in administrative services, public health, social services, or health services; OR an advanced degree in a social science field, public health, counseling, social work, rehabilitation services, business, public, or health administration, or Juris Doctorate plus two years of experience in administrative services, public health, social services, or health services.

EXPERIENCE SUBSTITUTION: Every 30 semester hours earned from an accredited college or university will be credited as one year of experience towards the six years of full-time work

experience in any field. The maximum substitution allowed is 120 semester hours, which substitutes for a maximum of four years of experience in any field.

Program Manager 1 – Social Services (SS419): Manage statewide social service programs that have a lesser degree of impact and complexity. **Updated Job Description for FFY2024**

MINIMUM QUALIFICATIONS: Seven years of experience in administrative services; public health, social services, or health services; OR six years of full-time experience in any field plus four years of experience in administrative services, public health, social services, or health services; OR a bachelor's degree plus four years of experience in administrative services, public health, social services, or health services; OR an advanced degree in a social science field, public health, counseling, social work, rehabilitation services, business, public, or health administration, or Juris Doctorate plus three years of experience in administrative services, public health, social services, or health services.

EXPERIENCE SUBSTITUTION: Every 30 semester hours earned from an accredited college or university will be credited as one year of experience towards the six years of full-time work experience in any field. The maximum substitution allowed is 120 semester hours, which substitutes for a maximum of four years of experience in any field.

Program Manager 2 – Social Services (SS421): To manage medium sized, moderately complex social service program(s). **Updated Job Description for FFY2024**

MINIMUM QUALIFICATIONS: Seven years of experience in administrative services, public health, social services, or health services; OR six years of full-time experience in any field plus four years of experience in administrative services, public health, social services, or health services; OR a bachelor's degree plus four years of experience in administrative services, public health, social services, or health services; OR an advanced degree in a social science field, public health, counseling, social work, rehabilitation services, business, public, or health administration, or Juris Doctorate plus three years of experience in administrative services, public health, social services, or health services.

EXPERIENCE SUBSTITUTION: Every 30 semester hours earned from an accredited college or university will be credited as one year of experience towards the six years of full-time work experience in any field. The maximum substitution allowed is 120 semester hours, which substitutes for a maximum of four years of experience in any field.

Program Manager 4 – Social Services (SS423): To administer the largest and most complex social service program(s) or programmatic support activities. **Updated Job Description for FFY2024**

MINIMUM QUALIFICATIONS: Eight years of experience in administrative services, public health, social services, or health services; OR six years of work experience in any field plus five years of experience in administrative services, public health, social services, or health services; OR a baccalaureate degree plus five years of experience in administrative services, public health, social services, or health services; OR an advanced degree in a social science field, public health, counseling, social work, rehabilitation services, business, public, or health administration, or Juris Doctorate plus four years of experience in administrative services, public health, social

services, or health services.

EXPERIENCE SUBSTITUTION: Every 30 semester hours earned from an accredited college or university will be credited as one year of experience towards the six years of full-time work experience in any field. The maximum substitution allowed is 120 semester hours, which substitutes for a maximum of four years of experience in any field.

Attorney 2 (AS618)

- Possession of a license to practice law in the state of Louisiana plus two years of experience as a practicing attorney

Attorney 3 (AS620)

- Possession of a license to practice law in the state of Louisiana, plus three years of experience as a practicing attorney

Attorney Supervisor (AS622)

- Possession of a license to practice law in the state of Louisiana, plus four years of experience as a practicing attorney

Attorney-Deputy General Counsel 1 (AS 623)

- Possession of a license to practice law in Louisiana, plus five years of experience as a practicing attorney

Attorney-Deputy General Counsel 2 (AS 624)

- Possession of a license to practice law in Louisiana, plus five years of experience as a practicing attorney

Executive Management Advisor (AS623): Serve as the special assistant and advisor to a Secretary; performs a wide variety of complex and diverse management duties. **Updated Job Description for FFY2024**

MINIMUM QUALIFICATIONS: Eight years of experience in developing, managing, or evaluating administrative programs, operational programs, or special projects or initiatives within a public or private sector organization; OR six years of full-time experience in any field plus five years of experience in developing, managing, or evaluating administrative programs, operational programs, or special projects or initiatives within a public or private sector organization; OR a bachelor's degree plus five years of experience in developing, managing, or evaluating administrative programs, operational programs, or special projects or initiatives within a public or private sector organization; OR an advanced degree, or a Juris Doctorate, plus four years of experience in developing, managing, or evaluating administrative programs, operational programs, or special projects or initiatives within a public or private sector organization.

EXPERIENCE SUBSTITUTION: Every 30 semester hours earned from an accredited college or university will be credited as one year of experience towards the six years of full-time work experience in any field. The maximum substitution allowed is 120 semester hours, which substitutes for a maximum of four years of experience in any field.

Program Manager 3 – Social Services (SS422): To administer one very complex or several moderately complex statewide, social service program(s). **Updated Job Description for FFY2024**

MINIMUM QUALIFICATIONS: Eight years of experience in administrative services, public health, social services, or health services; OR six years of work experience in any field plus five years of experience in administrative services, public health, social services, or health services; OR a baccalaureate degree plus five years of experience in administrative services, public health, social services, or health services; OR an advanced degree in a social science field, public health, counseling, social work, rehabilitation services, business, public, or health administration, or Juris Doctorate plus four years of experience in administrative services, public health, social services, or health services.

EXPERIENCE SUBSTITUTION: Every 30 semester hours earned from an accredited college or university will be credited as one year of experience towards the six years of full-time work experience in any field. The maximum substitution allowed is 120 semester hours, which substitutes for a maximum of four years of experience in any field.

Program Manager 4 – Social Services (SS423): Administer the largest and most complex social service program(s) or programmatic support activities. **Updated Job Description for FFY2024**

MINIMUM QUALIFICATIONS: Eight years of experience in administrative services, public health, social services, or health services; OR six years of work experience in any field plus five years of experience in administrative services, public health, social services, or health services; OR a baccalaureate degree plus five years of experience in administrative services, public health, social services, or health services; OR an advanced degree in a social science field, public health, counseling, social work, rehabilitation services, business, public, health administration, or Juris Doctorate plus four years of experience in administrative services, public health, social services, or health services.

EXPERIENCE SUBSTITUTION: Every 30 semester hours earned from an accredited college or university will be credited as one year of experience towards the six years of full-time work experience in any field. The maximum substitution allowed is 120 semester hours, which substitutes for a maximum of four years of experience in any field.

Deputy Assistant Secretary 3 (AS 626): Direct the programs for a state office having either: over three thousand employees or (2) a state office having the most technical programs; and to serve as principal assistant to the Assistant Secretary. **Updated Job Description for FFY2024**

MINIMUM QUALIFICATIONS: Two years of the required experience for the following minimum qualifications must have been at the managerial level or above: Eight years of experience in developing, managing, or evaluating administrative programs, operational programs, or special projects or initiatives within a public or private sector organization; OR six years of full-time experience in any field plus five years of experience in developing, managing, or evaluating administrative programs, operational programs, or special projects or initiatives within a public or private sector organization; OR a bachelor's degree plus five years of

experience in developing, managing, or evaluating administrative programs, operational programs, or special projects or initiatives within a public or private sector organization; OR an advanced degree, or a Juris Doctorate, plus four years of experience in developing, managing, or evaluating administrative programs, operational programs, or special projects or initiatives within a public or private sector organization.

EXPERIENCE SUBSTITUTION: Every 30 semester hours earned from an accredited college or university will be credited as one year of experience towards the six years of full-time work experience in any field. The maximum substitution allowed is 120 semester hours, which substitutes for a maximum of four years of experience in any field.

- **Unclassified Positions**
  - Assistant Secretary of Child Welfare
    - Unclassified Position – No minimum qualifications
  - Assistant Secretary of Family Support
    - Unclassified Position – No minimum qualifications
  - General Counsel
    - Unclassified Position – No minimum qualifications
  - Deputy Secretary
    - Unclassified Position – No minimum qualifications
  - Undersecretary
    - Unclassified Position – No minimum qualifications
  - Secretary
    - Unclassified Position – No minimum qualifications

Juvenile Justice Transfers: Data shows children who were in the care (custody) of the DCFS and were transferred to the supervision (custody) of the state Office of Juvenile Justice (OJJ). Context information about the source of this information and how the reporting population is defined is provided below.

Regional Analysis of Children Transferred from DCFS to OJJ:						
Region of Child's Domicile	**FFY 2024**	**FFY 2025**	**FFY 2026**	**FFY 2027**	**FFY 2029**	**FFY 2029***
No Court Identified	0					
Orleans/Jefferson	0					
Baton Rouge	0					
Covington	4					
Thibodaux	1					
Lafayette	0					
Lake Charles	1					
Alexandria	1					
Shreveport	2					
Monroe	0					
TOTAL	9					

Data extracted from WebFocus Developer Studio. Contextual Information: The provided data reflect DCFS database information on children who changed custody statewide in a specified federal fiscal year. The data is on children whose case was opened in the state's foster care system and who had their custody transferred to the Department of Corrections (DOC). DOC has responsibility for children adjudicated to the OJJ, the state's juvenile justice system. The information presented above was obtained through a DCFS Web-focus Report.

ADDITIONAL REQUIREMENTS [Section 106 (b) (2) (D)]: The department assures policies and procedures regarding the requirements listed below are in place and can be viewed by using the PowerDMS link https://powerdms.com/docs/404926. The PowerDMS system was initiated in July 2018 and is accessible to active users in the DCFS directory. Public documents in PowerDMS can be viewed by using the DCFS public facing portal. It is located on the DCFS webpage at www.dcfs.la.gov and can be accessed under the **About Us/Policy Management** tab.

SUBSTANTIVE CHANGES IN STATE LAW: Louisiana state law is fully compliant with all federal legislation related to HT. CARA legislation passed the 2017 legislative session. Wanda Cage is the CARA lead for the state of Louisiana. Ms. Cage may be reached via email at Wanda.Cage.dcfs@la.gov or by phone at (225) 342-8637. There are no other substantive changes in Louisiana state law affecting eligibility for CAPTA funds.

STATE CAPTA COORDINATOR/STATE LIAISON OFFICER: Ms. Etrena Gerard serves as the state's liaison officer. She can be reached by e-mail at etrena.gerard.dcfs@la.gov or by phone at (225)342-9185 or by U.S. post addressed attention to Ms. Gerard, Department of Children and Family Services, P.O. Box 3318, Baton Rouge, LA 70821. Ms. Gerard's contact information is posted on the DCFS home page under Child Welfare, Plans and Reports.

SUPPLEMENTAL CAPTA FUNDING (AMERICAN RESCUE PLAN ACT- ARPA)

The Department is currently researching programs to assist with plans of safe care and intends to implement a new program to assist with strengthening and supporting families with substance abuse issues. Funds will be used for the development and implementation of In-Home services for lower risk families with substance exposed newborns. Services will include making federally required plans of safe care and education that will ultimately reduce recidivism.

The Department is also partnering with the Louisiana Alliance of Children's Advocacy Centers (LACAC) to provide funding to the LACAC to carry out services provided to children and families. In addition, Supplemental CAPTA funding is being used for consultation of direct cases regarding safety and prevention.